No. 2
1-10-39
12-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42747

FILED JAN 25 1941

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 322

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 405 So. Pleasant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 405 So. Pleasant (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME James J. Turner
3. (b) If veteran, name war None
3. (c) Social Security No. 490-16-4061
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret C. Turner
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. (Month) 28 (Day) 1865 (Year)
8. AGE: Years 75 Months 3 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace Lehi (City, town, or county) Utah (State or foreign country)
10. Usual occupation Director
11. Industry or business Zion Printing Co.
MOTHER FATHER
12. Name Alfred Turner
13. Birthplace London (City, town, or county) England (State or foreign country)
14. Maiden name Mary C. Hill
15. Birthplace London (City, town, or county) England (State or foreign country)
16. (a) Informant Margaret C. Turner
(b) Address 405 So. Pleasant
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Salt Lake City Utah
18. (a) Signature of funeral director George C. Gibson
(b) Address Independence, Mo.
19. (a) Dec. 26 1940 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1940 hour 6 minute 07 P. M.
21. I hereby certify that I attended the deceased from Nov 1, 1940, to Dec 23, 1940 that I last saw him alive on Dec 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Carcinomas	3 mo
Due to: Carcinoma Prostate	about 2 yrs
Due to: 51	
Other conditions (Include pregnancy within 3 months of death): Valvular Heart disease	3 yrs

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature J. G. Hickerson (M. D. or other)
Address Independence Mo. Date signed Dec. 24

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.