S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1548

Registered District No. 1 FEB 25 1941

Primary Registration District No. 1

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1301 N. Franklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether)
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

(c) City or town: Kirksville
(If outside city or town limits write "RURAL")

(d) Street No. 1301 N. Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Daniel Parks Turner

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Armilda Lee Lile

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: December (Month) 19 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
83	1	20	____ hr. ____ min.

9. Birthplace: Macon Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Agriculture

FATHER
12. Name: Felix Turner
13. Birthplace: DK (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Lucinda Nunn
15. Birthplace: DK (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Everett Turner
(b) Address: Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-11-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Adventist Church Cemt

18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Missouri

19. (a) Feb. 10-41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1941 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 1. 1941 to Feb 9 1941 that I last saw him alive on Feb. 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia — Duration: 8 Days

Due to: Chronic Myocarditis — years

Due to: ____

Other conditions (Include pregnancy within 3 months of death): N & A

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? ____
While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: Spencer L. Freeman (M. D. or other) MD
Address: Kirksville, Mo Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-372
Date Filed FEB 19 1941

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 Harold K. Hugal

Licensed Embalmer No. 4076

P. O. Address Kirkwille, M

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

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