

No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2321

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 2

1. PLACE OF DEATH: Cole
 (a) County Cole
 (b) City or town Jefferson City, Mo
 (c) Name of hospital or institution 814 E. Elm St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cole
 (c) City or town Jefferson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 814 E. Elm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LEATHA TURNER

3. (b) If veteran, name war 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas Turner 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased 12 24 1893
 (Month) (Day) (Year)

8. AGE: Years 47 Months ✓ Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson City, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willis Sexton

13. Birthplace Jefferson City, Mo (City, town, or county) (State or foreign country)

14. Maiden name Salle Buncleton

15. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Turner

(b) Address 814 E. Elm St Jefferson City Mo

17. (a) burial (b) Date thereof 1-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boulevard Cem.

18. (a) Signature of funeral director James Funeral Service
(b) Address 700 Jefferson St Jefferson City

19. (a) 1-4-41 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 1941 to Jan 21 1941; that I last saw her alive on Dec 31 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Glomerulonephritis with terminal pneumonia
Due to Don't know

Due to _____
Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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 Jas A. Hill MD (M. D. or other) _____
Address Jefferson City Mo Date signed 1/4/41

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

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

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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 *S. N. Anderson*
Licensed Embalmer No. *3641*
P. O. Address *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.