

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10029**

**APR 4 1941**  
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **67**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Boone** **10**  
(c) City or town **Columbia** **4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **115 Wadley St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **CORNELIA D. TURNER**

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

4. Sex **Female** 5. Color or race **Colored** 6. (a) ~~Single~~, widowed, ~~married~~, **divorced**  
6. (b) Name of husband or wife **Frank Turner** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Not known 1861**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **Not known** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boone Co MO** (City, town, or county) (State or foreign country) **D**

10. Usual occupation **Cook**

11. Industry or business **Cook**

MOTHER FATHER  
12. Name **Joe Douglas**  
13. Birthplace **Boone Co MO** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Jewell**  
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Jones**

(b) Address **115 Wadley St**

17. (a) **Columbia MO** (Burial, cremation, or removal) (b) Date thereof **3-11-41**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **A. L. Lewis**

(b) Address **608 Park Ave Columbia**

19. (a) **3/11/41** (Date received local registrar) (b) **Allie Selby MO** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **8** year **41** hour **1:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **3/6/41** to **3/8/41** 19**41** that I last saw her alive on **3/7/41** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Chf**  
**Myocarditis**

Due to \_\_\_\_\_

Due to **Old age**

Other conditions (Include pregnancy within 3 months of death) **42H**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? **74**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **H. R. Hoffman** (M. D. or other) **H. R. Hoffman**  
Address **110 28th St** Date signed **3/10/41**

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

6  
2  
4

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 me

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

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Columbia

**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.