

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10285

State File No. _____

FILED APR 11 1941

Registration District No. 25

Primary Registration District No. 3007

Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
402 North St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days)

In this community 10 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 402 North St. 1
(If rural, give location)

(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country D -----

3. (a) PRINT FULL NAME Will Turner

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 41 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-16 1940 to 3-7-41 1941
that I last saw him alive on 3-7-41 1941
and that death occurred on the date and hour stated above.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Turner

6. (c) Age of husband or wife if alive 52 years
(About) 1868

7. Birth date of deceased: -----
(Month) (Day) (Year)

Immediate cause of death

Malnutrition
Peptic Ulcer

Due to -----

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
(About) 73 --- -- -----
hr. min.

9. Birthplace Unknown / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -----

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations -----

Of autopsy -----

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

16. (a) Informant Mrs. Clara Turner, (wife)

(b) Address 402 North St. Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof March 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont, Cape Girardeau

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) Means of injury -----

18. (a) Signature of funeral director F. D. Sparker
Cape Girardeau, Mo.

(b) Address -----

19. (a) 3-12-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Ginal (M. D. or other) 11
Address 170 Spring St Cape Girardeau, Mo 3-12-41

NOV 1 0 1966

Handwritten scribbles

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..... *Frank Sparks*
Licensed Embalmer No. *3455*
P. O. Address *Cape Girardeau*

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.