

No. 2  
4-13-40  
5-17-39  
I X2319

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10566

State File No. \_\_\_\_\_

APR 7 1941 281

Primary Registration District No. 5400

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Anna, R. Washington  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Douglas  
(c) City or town Anna  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1941 hour 6 minute 10 P. M.  
21. I hereby certify that I attended the deceased from March 6  
\_\_\_\_\_, 1940, to March 10, 1941;  
that I last saw h. \_\_\_\_\_ alive on March 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Toxemia  
Due to Cancer of Lung  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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

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

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?  
276  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. C. Gentry (M. D. or other) \_\_\_\_\_  
Address Anna, Mo. Date signed 3-21-41

3. (a) PRINT FULL NAME Anna Elizabeth Turner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased April 27 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Andrew J. Turner

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

14. Maiden name Sarah Ann Turner

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

16. (a) Informant J. E. Turner

(b) Address R. Anna, Mo.

17. (a) Burial (b) Date thereof 3-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eveready

18. (a) Signature of funeral director Chas. Kinghead

(b) Address Anna, Mo.

19. (a) 3-25-1941 (b) Reba King White  
(Date received local registrar) (Registrar's signature)

RECEIVED *Gentry*  
District Health Officer No. 6,  
District File Number *447-510*  
Date Filed *APR 2 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 *W.B. Hulchurn*  
Licensed Embalmer No. *3431*  
P. O. Address.....

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.