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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11509

Registration District No. 617 Primary Registration District No. 4368 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Barnard
(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 years, months or days) In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Barnard
(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.? 0 years.

3. (a) PRINT FULL NAME Nancy Jane Wallace Turner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Robert Turner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 30 (Day) 1857 (Year)

8. AGE: Years 83 Months 6 Days 2 If less than one day hr. min.

9. Birthplace near Bolckow, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business own home
MOTHER FATHER
12. Name William Wallace
13. Birthplace Dundee (City, town, or county) Scotland (State or foreign country)
14. Maiden name Nancy Jane Waugh
15. Birthplace County Derry (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Hal Turner
(b) Address Barnard, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard Cemetery
18. (a) Signature of funeral director Grey Funeral Home
(b) Address Maryville, Mo.
19. (a) 3/2/41 (Date received by registrar) (b) Chas. D. Humbard, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1941 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from Jan. 26, 1941, to March 2, 1941; that I last saw him alive on March 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thyrotoxicosis	5 yrs.
~~Due to~~ fracture of neck of right femur	5 wks.
Due to fall, in home.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy not had	

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) accident
(b) Date of occurrence Jan 26, 1941
(c) Where did injury occur? Barnard (City or town) Nodaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? yes (e) Means of injury fracture femur

23. Signature Chas. D. Humbard (M. D. or other) M.D.
Address Barnard, Mo. Date signed 3/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M Price, Registered Apprentice No. ____, working under my personal supervision.

Signed Clem M Price

Licensed Embalmer No. 1622

P. O. Address Maryville, 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, above space should be left blank.