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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15538

FILED MAY 23 1941

Registration District No. 687 Primary Registration District No. 5915 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural - near Eolia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Hudson Turner
3. (b) If veteran, name war: None
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: Dec. (Month) 18 (Day) 1855 (Year)

8. AGE: Years 85 Months 4 Days 24 If less than one day hr. min.

9. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: farmer
11. Industry or business: farming
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Va (City, town, or county) (State or foreign country)
14. Maiden name: Bessie Turner
15. Birthplace: Va (City, town, or county) (State or foreign country)
16. (a) Informant: Ella Walker
(b) Address: Eolia - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Eolia Col. Cemetery
18. (a) Signature of funeral director: Gooch Hdwe Co.
(b) Address: Eolia Mo
19. (a) Apr 14 1941 (Date received local registrar) (b) B. M. Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 3 PM minute — M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on April 12 1941
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Influenza
Due to: Dec. 21
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: L. P. Gray (M. D. or other) DA
Address: Eolia Mo Date signed 12-24-

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 10

District File Number 6-141-860

Date Filed MAY - 8 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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.