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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15557

State File No.

Registration District No. 698

Primary Registration District No. 5926

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston
(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 50 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte **83**

(c) City or town Weston **1**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME James H Turner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour about 8-30 minute _____ M. A. M.

4. Sex Male **0**

5. Color or race White

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

6. (b) Name of husband or wife Patty Graves Turner

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan. 5 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hanging **Duration**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>70</u> | <u>3</u> | <u>24</u> | hr. _____ min. |

Due to Deranged Mind

Due to _____

Other conditions 164 W
(Include pregnancy within 5 months of death)

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

10. Usual occupation Farmer

11. Industry or business Farming

Major findings: _____

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Henry C. Turner

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

14. Maiden name Missouri Tennessee Brown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 29 1941

(c) Where did injury occur? Platte
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8 on Farm, in Tobacco Barn

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W. H. Moore (M. D. or other) Owner
Address Dearborn Mo Date signed 4/29/41

16. (a) Informant William Turner

(b) Address Weston Mo.

17. (a) Burial (b) Date thereof May 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Ia

18. (a) Signature of funeral director J. H. Brill

(b) Address Weston Mo

19. (a) 4/29/41 (b) J. H. Brill
(Date received local registrar) (Registrar's signature)

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.....

..... Licensed Embalmer No.....

..... 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.