

FILED JUN 16 1941

Registration District No. 184

Primary Registration District No. 5255

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 y.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark
(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.

3. (a) PRINT FULL NAME John H. Turner

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 10th
year 1941 hour _____ minute _____ M.

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 24 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to March 19 - 1941, that I last saw him alive on March 10, 1941, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death: Flu Complication developed Cerebral Pneumonia

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

Due to _____

Due to _____

Other conditions 72. W
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer & Officer

11. Industry or business Ex Sheriff

12. Name J. H. Turner

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

14. Maiden name Don't know

15. Birthplace Don't know
(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 Ben Turner

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

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

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 12
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director M. B. Chabba

(b) Address Ozark Mo.

170
While at work? _____
(Specify type of place) (2) Means of injury

19. (a) June 1 1941 (b) Donella Leonard
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Hades (M. D. or other) _____
Address Ozark Mo Date signed 5-29-41

RECEIVED

District Health Officer No. 6,

District File Number 641-955

Date Filed JUN 14 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 F. B. Cheffni

Licensed Embalmer No. 2192

P. O. Address Ozark, 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, fact should be so stated above.