DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18226

Registration District No. 449 Primary Registration District No. 4767 Registrar's No.

1. PLACE OF DEATH:

(a) County: Laclede

(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 230 East Commercial /
(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: Over 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Laclede 33

(c) City or town: Lebanon 1
(If outside city or town limits, write "RURAL") 2

(d) Street No.: 230 E. Commercial 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: William Henry Turner

3. (b) If veteran, name war: Civil

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Maggie C. Brooks

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

7. Birth date of deceased: Feb. (Month) 20 (Day) 1845 (Year)

8. AGE: Years 96 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: New York
(City, town, or county) (State or foreign country)

10. Usual occupation: Police Judge

11. Industry or business:

FATHER 12. Name: Henry Turner

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

MOTHER 14. Maiden name: Not Known

15. Birthplace: Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Chunde Turner

(b) Address: Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 10 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Lebanon Mo.

18. (a) Signature of funeral director: Palmer Furniture Co.

(b) Address: Lebanon Mo.

19. (a) 6-9-41 (Date received local registrar) (b) Jam Coulb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1941 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 4th, 1941, to June, 6th 1941; that I last saw him alive on June, 6th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arterio-sclerosis	
Due to:	
Other conditions (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? 404
(Specify type of place)

While at work? (e) Means of injury

23. Signature: R. L. Benage (M. D. or other)

Address: Lebanon, Mo. Date signed 6-11-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 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 D A Palmer

Licensed Embalmer No. 1161

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