

No. 2
-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
FEDERAL BUREAU OF CENSUS
FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Turner
28818
State File No.

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon Mo.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon 61

(c) City or town Macon 3
(If outside city or town limits, write "RURAL") 2

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dallie Love

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1941 hour 12:20 minute 0 M.

21. I hereby certify that I attended the deceased from March 1937 to Aug 28 1941
that I last saw her alive on Aug 28 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Press Love 6. (c) Age of husband or wife if alive 48 1/2 years

7. Birth date of deceased: Sept 29 (Month) 1897 (Day) 1897 (Year)

Immediate cause of death Carcinoma of Colon 1937 Duration

8. AGE: Years 69 (67) Months 10 Days 29 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Hb

9. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation house-keeper

11. Industry or business _____

MOTHER FATHER { 12. Name John T Reynolds

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

14. Maiden name Elyash (State or foreign country)

15. Birthplace Mo (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 Press Love

(b) Address Macon Mo

17. (a) burial (b) Date thereof: Aug 29 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem

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? _____

18. (a) Signature of funeral director Albert Skewer

(b) Address Macon Mo

19. (a) 9/6/41 (b) Scott Newkirk
(Date received local registrar) (Registrar's signature)

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

23. Signature J F Turner (M. D. or other) 9

Address Macon, Mo Date 9/2/41

F/16 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1635

Date Filed SEP. 12 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.....

Geo W Dietrich

Registered Apprentice No. 295

working under my personal supervision.

Signed.....

Albert Skinner

Licensed Embalmer No. 757

P. O. Address.....

110 Dean St

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.