

K23159

Registration District No. **579**

Primary Registration District No. **4241**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Monroe**
 (b) City or town **Madison MO**
(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 **her lifetime**
years, months or days

3. (a) PRINT FULL NAME **MURANDA TURNER**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

(b) Name of husband or wife **J. H. Turner** 6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased **4-18-1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **17** If less than one day hr. _____ min. _____

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

10. Usual occupation **housewife**

11. Industry or business **at home**

12. Name **Cyrus Conner**

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

14. Maiden name **Conner**

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

16. (a) Informant **Mrs Robert McKinney**

(b) Address **Madison MO**

17. (a) **burial** (b) Date thereof **11-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove**

18. (a) Signature of funeral director **W. A. Thompson**

(b) Address **Madison MO**

19. (a) **11/6/41** (b) **Mrs. Muranda Turner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe MO**
 (c) City or town **Madison MO**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
 year **1941** hour **3** minute **45** M.

21. I hereby certify that I attended the deceased from **Oct 31**, 19**41**, to **Nov 5**, 19**41**;
 that I last saw her alive on **Oct 4 Nov 7**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis** Duration **5 days**

Due to _____
 Due to _____

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

Major findings: Of operations **93a** 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? _____

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

23. Signature **M. R. Turner** (M. D. or other) **DO.**
 Address **Madison MO** Date signed **11/7/41**

RECEIVED

District Health Officer No. 10

District File Number 11-41-2070

Date Filed NOV 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 Lucas E. Thompson

Licensed Embalmer No. 1420

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.