

FILED MAY 27 1942  
Registration District No. 6

Primary Registration District No. 5814

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Van Buren Co. Mo.

(c) Name of hospital or institution: Wentworth, R.F.D. # 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 Missouri (b) County Newton

(c) City or town Wentworth, Missouri Route 1

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Troy Leon Turner

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 1, 1941

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newton county, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Troy Lee Turner

13. Birthplace Newton County Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Mable Jean Harmon

15. Birthplace Jasper County Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Troy Lee Turner

(b) Address Wentworth, Mo. Route 1

17. (a) Burial (b) Date thereof May 8, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Union Cemetery

18. (d) Signature of funeral director Corley Thompson

(b) Address Neosho, Missouri

19. (a) May 7 42 (b) Lulu Harmon

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 6 day year 1942 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 5th 1942 to May 6 1942 that I last saw him alive on May 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pneumonia

Due to Rhube Lobes

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

108

Duration 5 days

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? 2

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

23. Signature D. P. Thompson (M. D. or other) \_\_\_\_\_

Address Paris City, Mo. Date signed 5/12/42

1149

RECEIVED

District Health Officer No. 6,

District File Number 542-746

Date Filed MAY 26 1942

**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.....

*Andrew J. Jospis*

Licensed Embalmer No.....

3649

P. O. Address.....

*Neesho, 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.**