

FILED AUG 21 1942

Registration District No. 73

Primary Registration District No. 3006-5TT8

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

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town Columbia, Mo

(c) Name of hospital or institution: 1607 Windsor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1607 Windsor
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Joseph Alvin TURNER

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1942 hour 6 minute P M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Florence Turner

6. (c) Age of husband or wife if alive 30th 1873

7. Birth date of deceased: JAN 30th 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-24, 1942, to 6-30, 1942
that I last saw him alive on 6-30, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 5 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia Duration 2 day

Due to 109!!

Due to _____

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

Other conditions Had this cough for 4 days
(Include pregnancy within 3 months of death)

Major findings Paralyzed for 18 years

Of operations fracture of lower back

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Jessie Turner

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

14. Maiden name Esther

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

16. (a) Informant James Turner

(b) Address 1607 Windsor

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

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

(b) Date of occurrence _____

18. (a) Signature of funeral director P. Williams

(b) Address Columbia

(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? _____

19. (a) 7-10-42 (Date received local registrar)

(b) Estro H. Barber (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature F. B. Williamson (M. D. or other)

Address Columbia Mo Date signed 7-8-42

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, SEB

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address. Columbia, Pa.

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.