

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4512

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town J. C.  
 (c) Name of hospital or institution:  
North East Hospital  
 (d) Length of stay: In hospital or institution 8 Days  
 In this community 75 yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Bassett City  
 (d) Street No. North N.E. 2nd Route 8  
 (e) Citizen of foreign country? (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mable A. Turner  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 4th  
 year 1942 hour 4 minute A.  
 21. I hereby certify that I attended the deceased from Oct 30, 1942 to Dec. 3, 1942  
 that I last saw h. er alive on Dec. 3, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wesley C. Turner  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased: Jan 15 1865  
 (Month) (Day) (Year)

Immediate cause of death: Chronic myocardial deg.  
 Due to: Coronary infarct  
 Due to: Essential Hypertension  
 Other conditions: 9/3/2  
 (Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 10 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Ohio  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: Homemaker

11. Industry or business \_\_\_\_\_  
 12. Name: Geo. Washington Clark  
 13. Birthplace: Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Eliza Feaman  
 15. Birthplace: Ohio  
 (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: Wesley C. Turner  
 (b) Address: North N.E. 2nd (Route 8, Harrison, Mo)  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 8 42  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation: Mt. Washington  
 18. (a) Signature of funeral director: Mrs C.L. Forster  
 (b) Address: 918 Brooklyn  
 19. (a) 12-4-42 (Data received local registrar) (b) M. M. Brown (Registrar's signature)

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: J. J. Gaspik (M. D. or other) D.O.  
 Address: 5962 W. 1st Date signed: 12/4/42

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

5902 St John

Dr. Poaik 12:30 pm

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**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Wise .....

Licensed Embalmer No. 2570 .....

P. O. Address R @ m .....

**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.**