

No. 2  
4-13-40  
5-17-39  
X28159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1998

State File No. \_\_\_\_\_

FILED FEB 19 1943  
Registration District No. 192

Primary Registration District No. 3015

Registrar's No. 6

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

1. PLACE OF DEATH: **Clinton**  
(a) County  
(b) City or town **Cameron**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **XXX**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **XXXXX** (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Clinton** **25**  
(c) City or town **Cameron** **1**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. **East Prospect St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0 XXXXX** years.

3. (a) PRINT FULL NAME **Dena Turner**  
(b) If veteran, name war **XXXX**  
(c) Social Security No. **XXXX**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **29**  
year **1943** hour **7** minute **30** P. M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **James Turner**  
6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **Dec. 17, 1893**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 29** 19**43** to **Jan 29** 19**43**  
that I last saw **her** alive on **Jan 29** 19**43**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Lobar Pneumonia** **3 days**  
Duration

8. AGE: Years **49** Months **I** Days **I2** If less than one day  
hr. min.

Due to **108**  
Due to

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

Other conditions **Lobar pneumonia**  
(Include pregnancy within 3 months of death)

10. Usual occupation **House wife**

Major findings:  
Of operations

11. Industry or business

12. Name **Chas Petman**  
13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Risenhauer** **4**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Turner**  
(b) Address **Cameron Mo.**

Of autopsy  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
Where did injury occur? (City or town) (County) (State)  
(c) Place: burial or cremation **Clarendon - Cameron**  
(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

17. (a) **Burial** (b) Date thereof **Feb. 2, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **[Signature]**  
(b) Address **Cameron, Mo.**

19. (a) **Feb. 1943** (b) **Miss Kathleen Harris**  
(Date received local registrar) (Registrar's signature)

23. Signature **A. O. Gillilan** (M. D. or other)  
Address **Cameron Mo** Date signed **Jan 30 1943**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**