

FILED JAN 27 1942

Registration District No. 407-176

Primary Registration District No. 5685-

Registrar's No. 743-2725

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Mount Vernon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 43 days  
 (Specify whether  
 In this community 43 days  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
 (c) City or town Carrollville  
 (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 ZONA S. 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. 2 divorced, widowed

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

7. Birth date of deceased April 21 1902  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>7</u>	<u>12</u>	hr. _____ min.

9. Birthplace Purdy Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name Abraham Ark

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

14. Maiden name Marguerite E. Blackwell

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

16. (a) Informant Mr. Michael Perad Club

(b) Address Mr. State San Mt Vernon Mo

17. (a) \_\_\_\_\_ (b) Date thereof 12-3-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy

18. (a) Signature of funeral director E. G. ...

(b) Address Carrollville

19. (a) 12/5/42 (b) Purdy  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
 year 1942 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct. 22, 1942, to Dec. 2, 1942

that I last saw her alive on Dec. 2, 1942 and that death occurred on the date and hour stated above.

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

Pulmonary tuberculosis over 2 years

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

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

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

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

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

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 Esther E. Colquhoun (M. D. or other) \_\_\_\_\_

Address Mo State Sanatorium Date signed 12-3-42

Duration

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN

\_\_\_\_\_

Underline

the cause to

which death

should be

charged sta-

tistically.

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

MOTHER FATHER

11.82

(Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo.

RECEIVED

District Health Officer No. 6,

District File Number 143-108

Date Filed JAN 25 1943

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. 3584

working under my personal supervision.

Signed *G. E. Culver*

Licensed Embalmer No. 3584

P. O. Address *Cassette*

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.