

X23159

FILED APR 7 1943  
Registration District No. 10

Primary Registration District No. 5037

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Centralia, Rural  
(If outside city or town limits, write "RURAL" and give location)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Delmore C. Turner

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jorla E. Turner 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 10, 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Andrew Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name B. Benjamin S. Turner

13. Birthplace Andrew Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy S. Turner

15. Birthplace Andrew Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. S. Turner

(b) Address all 2101 S. 11th St. Centralia, Mo

17. (a) burial (b) Date thereof 3-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia MO

18. (a) Signature of funeral director L. H. Mackie  
(b) Address Centralia, MO

19. (a) Mar 10/43 (b) Marquis H. Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 12, 1942 to March 19, 1943

that I last saw him alive on March 8, 1943 and that death occurred on March 9, 1943

Immediate cause of death Pneumonia (Broncho Pneumonia) Duration 10 days

Due to hemiplegia and leaking of duodenum Sept 1915

Due to Fractures 5 ribs & Pelvis 28 Feb 43

Other conditions on 12/19/42  
(Include pregnancy within 3 months of death)

Major findings: Fr. 5 ribs & Pelvis Underline the cause to which death should be charged statistically.  
Of operation 1 Feb 43  
Of autopsy 1 Feb 43

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

(a) Accident, suicide, or homicide (specify) accident OASD

(b) Date of occurrence Sept 15, 43

(c) Where did injury occur at his home - Andrew MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Abseie home fell from a tree  
(Specify type of place) (e) Means of injury Fall from tree

23. Signature W. R. McCarver (M.D. or other) 9-9-43  
Address Sturgis MO Date signed 9-9-43

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-43-617

Date Filed MAR 15 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Mrs. Ruth Thompson*

Licensed Embalmer No. 3282

P. O. Address.....

*Mudway St.*

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.