S. No. 2
M—5-42
5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

13663

State File No.

FILED MAY 11 1943

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 97

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xx /
(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 10 2
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Pannell St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME MYRTLE TURNER

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

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

6. (b) Name of husband or wife JAMES ARCHIE TURNER
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6th (Day) 1920 (Year)

8. AGE: Years 22 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name John T Acton
13. Birthplace Boone Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Eunice Vermillion
15. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant James Archie Turner
(b) Address 808 Pannell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director R Sweeett
(b) Address Columbia Mo

19. (a) 4-13-43 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 9 10 minute A M.

21. I hereby certify that I attended the deceased from 1 - 21 - 1943 to 4 - 6 - 1943
that I last saw her alive on 4 - 6 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB Do not know

Due to Confinement 12-3-42
T.B. Got worse after
Due to baby came

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 13 Cl

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W P Dysart (M. D. or other) M.D.
Address Columbia, Mo. Date signed 4-8-43

12.

(Licensed Embalmer's Statement on Reverse Side)

## 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. 3183

P. O. Address Columbia Mo

**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.**