

Registration District No. 1-144

Primary Registration District No. 5-145-

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural - Breckenridge Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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..... (Specify whether)

In this community..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell

(c) City or town Netleton - Rural 13
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Le Roy Turner

3. (b) If veteran..... name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7 19..... to..... 19.....

that I last saw him alive on dead June 21, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Turner

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 17 1871
(Month) (Day) (Year)

Immediate cause of death Apparently from Cerebral Hemorrhage Duration 2 minutes

Due to Died resting in chair in home previously well

Due to 85a!

8. AGE: Years Months Days If less than one day

72 1 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel E. Turner

13. Birthplace Mass!
(City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant Sam Turner

(b) Address Netleton MO

17. (a) Burial (b) Date thereof 6 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland (Hamilton)

18. (a) Signature of funeral director Brown Funeral Home

(b) Address Hamilton

19. (a) July 2 - 43 (b) E A Thompson
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: E A Thompson MD

Of operations.....

Of autopsy.....

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).....

(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 E A Thompson (M. D. or other).....

Address Breckinridge Date signed.....

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: Morris A. Brann

Licensed Embalmer No. 3918

P. O. Address: Hamilton 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.