

5 NOV 12 1943 7
Registration District No.

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 S. Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 506 S. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira W. Turner

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

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

6. (b) Name of husband or wife Rose Acker Turner 6. (c) Age of husband or wife if alive. 63 years

7. Birth date of deceased. June 12 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 13 If less than one day .hr. .min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name William Turner
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Ann Bradley
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. W. Turner
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) October 4, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) J.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1878-1943 6:45 P. Minute M.

21. I hereby certify that I attended the deceased from 1943 to 1943
that I last saw him alive on Sept 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Distress

Due to

Due to

Other conditions Bronchitis 6 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations 95c2

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?

(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 [Signature] Date signed 9-27

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

04355

49

5

0

1943

1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

143

SEP 18 1952

RECEIVED

District Health Officer P. O. #

File Number 10-43-1254

11-10-43

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 Ellen M. Eustace

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.