

NOV 8 1943

Registration District No. 227

Primary Registration District No. 5804

State File No. _____

Registrar's No. 128

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 MI. S. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21st 9 Mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 MI. S. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK R. 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 ESTHER TURNER 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased JUNE 8, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace BROWN Co., ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCKER

11. Industry or business LIVESTOCK TO MARKET.

12. Name JOEL R. TURNER

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

14. Maiden name EMILY COX

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

16. (a) Informant Calvin Turner

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof OCT. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, MO.

19. (a) 10/1/43. (b) Wayne Carter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 1
year 1943 hour 5 minute 40 AM
21. I hereby certify that I attended the deceased from 8-27-1937
19 Oct 1st 1943
that I last saw h. l. alive on Sept - 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarct and Coronary Pathology
Due to Extreme Cardiac Enlargement and Pathosis and Myocarditis
Hypertension
Other conditions (Include pregnancy within 3 months of death) 932
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration NK
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? ✓

(Specify type of place) _____
While at work? _____ (Means of injury) 2
23. Signature Wells L. Christensen, D.O.
Address PARIS, MO. Date signed 10-1-43

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

MOTHER FATHER

JAN 9 1945

RECEIVED

District Health Officer No. 10

District File Number 11-431760

Date Filed NOV 5 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 A. S. Blakey

Licensed Embalmer No. 2614

P. O. Address PARIS, 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.