

No. 2
-2-43
17-39

X35697

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

38770
State File No.

1943
Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 81

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Edward Turner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Only on Nov. 23, 1943 to _____, 19____;
that I last saw him alive on dying on this date, 19____;
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 Mary Luigne 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 17, 1872
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to Arteriosclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

8. AGE: Years 51 Months 2 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Dry Cleaning

12. Name Thomas Turner

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

14. Maiden name Mary Bell Wilson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edward Turner

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 11-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

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

(b) Address Portageville, Mo.

19. (a) 11/29-43 (b) Edith Largent
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature A. D. Reeder M.D. (M. D. or other) _____
Date signed 11/29/43

1181

RECEIVED

District Health Office No. 2,

District File Number 1243-15

Date Filed 12-6-43

NOV 24 1948

JUL 1 1947

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portsmouth

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.