

FILED FEB 1 1944

Registration District No. 38

Primary Registration District No. 3006

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: University Hospitals
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 1/2 hrs.
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4

(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 Jimmy Turner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 7, 1943, to December 7, 1943; that I last saw him alive on December 7, 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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased December 4 1943
(Month) (Day) (Year)

Immediate cause of death Congenital heart disease Duration ?

8. AGE: Years _____ Months _____ Days 2 1/2 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace University Hospitals Columbia, Mo.
(City, town, or county) (State or foreign country)

Other conditions Pulmonary atelectasis
(Include pregnancy within 3 months of death)
Pulmonary congestion

10. Usual occupation _____

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Turner, C. Ray

13. Birthplace Brown Station Missouri
(City, town, or county) (State or foreign country)

14. Maiden name MAURIANNA

15. Birthplace Brown Station Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marianna Turner

(b) Address Brown Station Missouri

17. (a) Burial (b) Date thereof Dec 7th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director P. O. ...

(b) Address Columbia Mo

19. (a) 12-12-43 (b) Edna Barber
(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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature Frank E. ... M. D. or other _____
Address Columbia Mo Date signed 12-8-43

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

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.....

No Embalmer Registered Apprentice No.....

working under my personal supervision.

Signed..... *R. W. [Signature]*

Licensed Embalmer No..... *3183*

P. O. Address.....

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.