

No. 2
-5-43
-17-39
X36671

FILED FEB 14 1944

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(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 Marion
(c) City or town Hannibal Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Bird
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Terrance Lee 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 Single

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

7. Birth date of deceased January 15, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name L. B. Turner

13. Birthplace Monroe County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Howerton
15. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Turner

(b) Address 421 Bird Hannibal

17. (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal Missouri

19. 1/27/44 (b) W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1944 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 16
1944 to Jan 19 1944
that I last saw him alive on Jan 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to Hemorrhage of New Born

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none 160C
Of operations _____
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? _____ (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)
(c) Means of injury _____

23. Signature W. Connor (M.D. or other) _____
Address 1001 Broadway Hannibal Mo. Date signed 1/28/44

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

MOTHER FATHER

44 1005

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.....

George T Bond

Registered Apprentice No.....

350

working under my personal supervision.

Signed.....

Wm M Smith

Licensed Embalmer No.....

1204

P. O. Address.....

Hannibal Missouri

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.

44/11/11