

FILED MAY 13 1944

State File No. _____

Registration District No. 8 8

Primary Registration District No. 3 0 0 6

Registrar's No. 99

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: Boone County Hospital
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 16 to 17, 1944,
that I last saw him alive on 4-16-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Probably a birth injury. This was a forscyth baby. Duration _____

Due to _____
Due to 1600

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

Major findings: Of operations None
Of autopsy None
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) forsoth de-
(b) Date of occurrence 4-16-44
(c) Where did injury occur? Boone Co. Hosp.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury _____
23. Signature W. A. Dyson (M.D. or other) M.H.
Address Columbia, Mo. Date signed 4-19-44

3. (a) PRINT FULL NAME DONALD 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 4-16-1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew J. Turner

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Cleo Baker

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew J. Turner

(b) Address Route 3, Columbia, Mo.

17. (a) Burial (b) Date thereof 4-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nebo Cemetery

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 4-18-44 (b) Edna W. Barber
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-11-44

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 M. A. Whitman

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.