

FILED JUN 7 1944

State File No.

Registration District No.

Primary Registration District No. 5316

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rural Clear Creek
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution: none
In this community 25 yrs -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Rural
(d) Street No. near Pilot Grove Mo.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARY-ANN-TURNER.
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 26
year 1944 hour 6 minute 15 A.M.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Feb-5-1857

21. I hereby certify that I attended the deceased from 4-20-1944, to 4-26-1944, and that death occurred on the date and hour stated above.

8. AGE: 87 Years 7 Months 21 Days

Immediate cause of death: Bronchopneumonia
Duration 24 hrs

9. Birthplace Wheelington Va.

Due to myocarditis acute 6 days
Due to arteriosclerosis 10 yrs.

10. Usual occupation Housewife

Other conditions: None

11. Industry or business None

Major findings: Of operations 930

12. Name Dinkin Dettles

Of autopsy: None

13. Birthplace unknown Va.

22. If death was due to external causes, fill in the following:

14. Maiden name unknown

(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

15. Birthplace unknown Va.

(e) Signature ... (M. D. or other) ...
(f) Address ... Date signed 4-28-44

16. (a) Informant Bruno Laesing
(b) Address Pilot Grove Mo.

17. (a) Burial (b) Date thereof 5-1-1944
(c) Place: burial or cremation Walnut Grove Cemetery

(e) Signature ... (M. D. or other) ...
(f) Address ... Date signed 4-28-44

18. (a) Signature of funeral director ...
(b) Address Pilot Grove Mo.

(e) Signature ... (M. D. or other) ...
(f) Address ... Date signed 4-28-44

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

1051

RECEIVED

District Health Officer No. 8,

District File Number

6-6-44

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

Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed

Payton E. Jones

Licensed Embalmer No.

3074

P. O. Address

Pilot Grove, W.

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.