

S. No. 2
OM-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21929**

FILED JUL 13 1944
Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1536 days**
(Specify whether years, months or days)

In this community **1536 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**

(c) City or town **Gilman City**
(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 **James Wesley Turner**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Dec 8 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Henry B. Turner**

13. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ettie Trimble**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San. Mt. Vernon, Mo**

17. (a) **Removal** (b) Date thereof **June 13 '44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gilman City, Mo**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Gilman City, Mo**

19. (a) **6/18/44** (b) **Andy Crawford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13th**
year **1944** hour **10** minute **3 A. M.**

21. I hereby certify that I attended the deceased from **March 30**, 19**40**, to **June 13**, 19**44**
that I last saw him alive on **June 13**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis Over 4 yrs**

Due to _____

Due to _____

Other conditions **Peptic ulcers, Argyria** **Unknown**
(Include pregnancy within 3 months of death)

Major findings: **13 ft**

Of operations _____

Of autopsy _____

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) _____

(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) (e) Means of injury **(S)**

23. Signature **[Signature]** (M. D. or other) **med**

Address **Mo. S. S. - Mt. Vernon** Date signed **6-13-44**

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

3500

RECEIVED

District Health Officer No. 6,

District File Number 744 - 764

Date Filed 111 1 1944

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 *Geo. B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mr. Vernon 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.