69

W. S. No. 2
OM—8-43
Rev. 5-17-39
I .X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1944

Registration District No. 1 89

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. F24789

Registrar's No. 122

42 1 2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (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) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42 1

(c) City or town Clinton Mo (If outside city or town limits, write "RURAL") 2

(d) Street No. 316 West Ohio St (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alta Turney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 1 Female

5. Color or race white

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

6. (b) Name of husband or wife W A Turney

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

7. Birth date of deceased Oct 24 (Month) 1875 (Day) (Year)

8. AGE: Years 68 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Shelbyville (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Bennett
13. Birthplace Dont know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Virginia Holliday
15. Birthplace (City, town, or county) Vir. (State or foreign country) 1

16. (a) Informant W.A. Turney

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director Consolus & Peck

(b) Address Clinton Mo

19. (a) July 20, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature) D.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 22, 1942 to 7-20, 1944 that I last saw her alive on 7-20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema Uraemia	
Due to General Anasarca	
Due to Nephritis. Chronic	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

31 P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ed C. Peelor (M.D. or other)

Address Clinton Mo Date signed 7/20/44

1069 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-44-232
Date Filed 8-9-44

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 J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.