

FILED SEP 14 1944

Registration District No. _____

Primary Registration District No. 3006

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

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:
Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 84 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME AMANDA ELIZABETH TURNER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Thos. Wilson Turner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 - 7 - 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Samuel Stewart
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emiline Holman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. W. Turner
(b) Address Route 3, Columbia, Mo.

17. (a) Burial (b) Date thereof Aug 11 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Springs

18. (a) Signature of funeral director Carroll Funeral Service
(b) Address Columbia, Mo.

19. (a) 8-11-1944 (b) Eolra H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1944 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to 8-9-44 1944
that I last saw her alive on Aug 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease Duration no data

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations _____

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) _____
(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 F. Williamson (M. D. or other) _____
Address Columbia, Mo. Date signed 8/11/44

JUL 18 1955

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 9-13-44

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. S. Whitelides

Licensed Embalmer No. 3893

P. O. Address Columbia, Md.

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.