

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
33 West Church  
(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

3. (a) PRINT FULL NAME John W 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 Married

6. (b) Name of husband or wife Nora Turner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 22 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 1 0 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name George Turner

13. Birthplace ? Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Morgan

15. Birthplace ? Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora Turner

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 12/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 12-23-44 (b) Charles Greenly  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora  
(If outside city or town limits, write "RURAL")

(d) Street No. 33 West Church St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1  
19 44 to Dec 22, 19 44

that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 467  
(Include pregnancy within 3 months of death)

Major findings:  
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 \_\_\_\_\_

23. Signature W. H. Heron (M. D. or other) \_\_\_\_\_

Address Aurora Mo. Date signed 12/23/44

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

RECEIVED

District Health Officer No. 6,

District File Number 145-43

Date Filed JAN 12 1945

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.....

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.