

S. No. 2
OM-5-42
ev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. C. R. ... 2207

State File No.

FILED FEB 3 1945
128/130

Registration District No. Primary Registration District No. 5463 A Registrar's No. 67

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Strafford
(c) Name of hospital or institution: Strafford, Missouri
(d) Length of stay: In hospital or institution None
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Strafford
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME Martha C. 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 Widowed
6. (b) Name of husband or wife R. B. Turner 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 28, 1862

8. AGE: Years 82 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Greene County, Missouri

10. Usual occupation In Home

11. Industry or business ()
12. Name ()
13. Birthplace ()
14. Maiden name ()
15. Birthplace ()

16. (a) Informant Mrs. L. E. Miner
(b) Address Strafford, Missouri
17. (a) Burial (b) Date thereof Jan. 13, 1945
(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 1/11/45 (b) Herbert Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, year 1945 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1944, to Jan. 10, 1945; that I last saw her alive on May 10, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Insufficiency

Due to Coronary Sclerosis Several years
Due to Diabetes Mellitus Unknown

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

Major findings: Of operations ()
Of autopsy ()

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? ()
(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 C.P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 1/11/45

Duration Few hours
PHYSICIAN ()
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1245

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 Harlow Drabbe

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.