

Registration District No. 268 Primary Registration District No. 58064396

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

1. PLACE OF DEATH:
 (a) County Pemscot
 (b) City or town Wardell
 (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 9 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemscot 78
 (c) City or town Wardell
 (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 Walter Turner
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Mar day 1 year 1945 hour 10 minute 54 M.
 21. I hereby certify that I attended the deceased from 2-1-45 to 2-1-45, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Addie Turner 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased: 5 10 1886
 (Month) (Day) (Year)

Immediate cause of death Carcinoma Esophagus Duration 6 MO

8. AGE: Years 58 Months 9 Days 20 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace Tenn (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas F. Turner
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace 9 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant B. M. Dayelberg
 (b) Address Memphis, Tenn
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 3 1945 (Month) (Day) (Year)
 (c) Place: burial or cremation Cynthiana Mo
 18. (a) Signature of funeral director La Forge and Co.
 (b) Address Cynthiana, Mo.
 19. (a) 3 3 1945 (Date received local registrar) (b) J. H. Cressy (Registrar's signature)

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 ulcer) _____
 While at work? _____ (e) Means of injury _____
 23. Signature Wardell (M. D. or other) _____
 Address _____ Date signed 3-2-45

2-45-39

STATEMENT BY LICENSED EMBALMER

not

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.....

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address *Courthouse*

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.