

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

28003

FILED SEP 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 226

Primary Registration District No. 2799

Registrar's No. 31

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - MARION TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MI. N.E. OF MADISON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE 40 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE Co
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MI. N.E. OF MADISON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESSE BEN 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 EFFIE TURNER 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased AUG 21, 1879
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 20 If less than one day
hr. _____ min. _____

9. Birthplace MARION Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HATCHERY OWNER

11. Industry or business CHICKS

12. Name JASPER TURNER

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

14. Maiden name EMMA MAYFAIR

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

16. (a) Informant Effie Turner,

(b) Address MADISON, MO.

17. (a) BURIAL (b) Date thereof 8-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLIDAY, MO.

18. (a) Signature of funeral director Paris Missouri
(b) Address _____

19. (a) 8-13-45 (b) Olis Heuberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11
year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death stroke in back of head by lightning while sitting on back porch of his home
Due to lightning runy in via telephone wire, down a electrical storm
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence _____

(c) Where did injury occur? Monroe Co Mo
(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 Russell M. Wilson (M. D. or other) Coroner
Address Monroe City Mo Date signed Aug 12/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1124

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1945

RECEIVED
District Health Officer No. 10
District File Number 9-45-1376
Date Filed SEP 5 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 A. G. Blakey
Licensed Embalmer No. 2614
P. O. Address Paris, Missouri.

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.