

No. 2
4-2-43
5-17-39
X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33263**

FILED NOV 21 1945

Primary Registration District No. **1000**

Registrar's No. **1182**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 54 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward H. Turner
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mae Turner
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 27 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace Portland Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation plumber

11. Industry or business Turner Plumbing & heating

MOTHER FATHER
12. Name Charles H. Turner
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emma Rice
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Turner
(b) Address 212 West Cherry

17. (a) burial (b) Date thereof 11/3/ 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Bellah & Bowman
(b) Address 319 South 10th

19. (a) Nov 5, 1945 (b) H. H. Mettlen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 212 West Cherry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 2nd
year 1945 hour 7 minute 50 AM.

21. I hereby certify that I attended the deceased from 10/5 - 1945 to 11/2 1945
that I last saw him live on 11/1 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver 8 mo.
Duration

Due to myocardial insuffic. 2 weeks
Arthritis - chi. 6 yrs
Other conditions (Include pregnancy within 3 months of death)
Co.

PHYSICIAN
Major findings: none
Of operations: none
Of autopsy: none
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 G. T. Bloomer (M. D. number) 7118
Address 1218 N. 3rd St. Date signed 11/4/45

Rev. H. J. Blomquist
1218 N. 3rd
2-1333

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.....
Harold Bowman

Licensed Embalmer No. *3619*

P. O. Address. *St. Joseph, 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.