No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34306

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. Rt. 2 Steele, Missouri (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JACKIE 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 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 8 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. ..... min.

9. Birthplace Pemiscot County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name J. D. Turner
13. Birthplace Gibson, (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sallie Mae Downing
15. Birthplace Pemiscot County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J. D. Turner

(b) Address Rt. 2 Steele, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. D. Smith Service

(b) Address Caruthersville, Missouri

19. (a) 11-1-45 (Date received local registrar) (b) Dressie B. Mikes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1945 hour 3 minute 30P. M.

21. I hereby certify that I attended the deceased from Oct. 8 - 1945 to Oct. 8 - 1945 that I last saw ~~living~~ alive on Oct. 8 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death not determined — Duration

Due to .....

Due to .....

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

Major findings:
Of operations good
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. R. Linion (M. D. or other)

Address Caruthersville, Mo. Date signed 10-8-45

1451 (Licensed Embalmer's Statement on Reverse Side)

10-45-191

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.....

Licensed Embalmer No.....

P. O. Address.....

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.