

S. No. 2  
4-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37226  
Registrar's No. 37

**FILED DEC 8 1945**

Registration District No. 114 Primary Registration District No. 4186

1. PLACE OF DEATH: Franklin  
(a) County Sullivan  
(b) City or town Sullivan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Northside - Sullivan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 36  
(c) City or town 4  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James D. G. G.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Oct. 31st. 1945  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Sullivan, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jack, C. Turner  
13. Birthplace Fort Worth, Tex. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Alexandra Kintler  
15. Birthplace Springfield, Mass. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant J.C. Turner  
(b) Address Los Angeles, Calif.

17. (a) Burial (b) Date thereof 11-1-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J.T. Williams  
(b) Address Sullivan, Mo.

19. (a) 11-1-45 (b) Att. Registrar  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Oct 31  
1945 to Oct 31 1945  
that I last saw live alive on Oct 31 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acrania (nontoxic)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_ (c) Means of injury 0  
23. Signature J. D. White (M. D. or other) MD  
Address 422 N. Grand Date signed 11/1/45  
Att. Registrar

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 12-7-45

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 \_\_\_\_\_

Not Embalmed

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.