

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12357**
Registrar's No. **132**

Registration District No. **43**
Primary Registration District No. **5142**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **rural - Neely Tap**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles S. of Neelyville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Butler**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 miles S. of Neelyville**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **THELMA TURNER**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **w.**
6. (a) Single, widowed, married, divorced **single**
6. (c) Age of husband or wife if _____
7. Birth date of deceased: **April 9 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day **6 hr. 30 min.**

9. Birthplace **BUTLER CO. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **SAM TURNER**
13. Birthplace **Randolph Co. Ark**
(City, town, or county) (State or foreign country)
14. Maiden name **Zelma Kayle**
15. Birthplace **Randolph Co. Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Turner**
(b) Address **Neelyville, Mo**

17. (a) **Burial** (b) Date thereof **April 10 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Williams Chapel**

18. (a) Signature of funeral director **Minnie Bush**
(b) Address **4-1346**

19. (a) **4-1346** (b) **Bob Murrell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **9**
year **1946** hour **12** minute _____ A.M.
21. I hereby certify that I attended the deceased from **April 8** to **April 9**, 1946;
that I last saw her alive on **April 14** and that death occurred on the date and hour stated above.

Immediate cause of death **Charles Stewart**
Due to _____
Due to _____

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

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 **W. J. Davis** (M. D. or other) _____
Address **Neelyville, MO** Date signed **Apr 10**

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

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

RECEIVED

District Health Office No. 2,

District File Number 446-535

Date Filed 4-16-46

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.

Not Embalmed

Signed Bryan Mc Cord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.