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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13846

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown St Michael
(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
In this community ~~Wm. Henry Turner~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison 62

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

(d) Street No. 507 East College
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Wm. Henry Turner

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 6 (Day) 1861 (Year)

8. AGE: Years 84 Months 8 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Madison Turner
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nassette Nunn
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Etta Turner
(b) Address 507 East College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer

18. (a) Signature of funeral director Webb - Holt
(b) Address Fredericktown, Mo

19. (a) 4-1-1946 (Date received local registrar) (b) Florence Vickes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1946 hour 5:30 ~~minute~~ A. M.

21. I hereby certify that I attended the deceased from 3-22 1946 to 3-25 1946 that I last saw him alive on 3/23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic interstitial nephritis	1 yr
Due to	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations Valvular heart lesions

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 W Henry Barron (M. D. ~~or other~~)

Address Fredericktown Mo Date signed 2/29/46

187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 546-20
Date Filed 5-4-46

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.

Signed John Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.