

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 114

Primary Registration District No. 5432

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Meramec Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Van Doren Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090
(c) City or town Stanton - Mortuary
(If outside city or town limits, write "RURAL")
(d) Street No. St. James - No 9
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME John E. Turley

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. Widower
6. (b) Name of husband or wife. Mary 6. (c) Age of husband or wife if alive. -- years
7. Birth date of deceased. May 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>4</u>	hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER } 12. Name Sanford Turley
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane McClelland
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Enloe
(b) Address 6738 Vermont

17. (a) Burial (b) Date thereof 10/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Sunset Burial Park

18. (a) Signature of funeral director. Wacker-Hall
(b) Address 3634 Gravois Ave

19. (a) 10-1-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-20 1944 to 10-1 1946;
that I last saw him alive on 9-16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Papillary carcinoma
of the breast 528
Due to.....
Due to.....

Other conditions pyonephritis of the months
(Include pregnancy, within 3 months of death)

Major findings: above 4/24/46
Of operations.....
Of autopsy none

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) Manner of injury 0

23. Signature [Signature] (M. D. or other).....
Address [Signature] Date signed 10/1/46

(Licensed Embalmer's Statement on Reverse Side)

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

6
0
3
32053

97

RECEIVED
District Health Officer No. 9,
District File Number
~~Date Filed 10-7-46~~

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.....

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.