

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947
138

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40279
Registrar's No. 1023

Registration District No. 2000 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County. Greene
(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas D. Turner
3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Edith Turner 6. (c) Age of husband or wife if alive. 45 years
7. Birth date of deceased September 26, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Greene County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business Engineer Frisco R. R. Co.

12. Name Frank Turner

13. Birthplace unk. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Sayers

15. Birthplace unk. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Boyd Turner

(b) Address Springfield Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof. 12-21-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. Klingler & Co.
(b) Address Springfield Mo.

19. (a) 12-21-46 (b) W. J. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo. (b) County. Greene
(c) City or town. Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 326 Hovey
(If rural, give location) No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19
year 1946 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 15-46
Dec 19 1946 to Dec 19 1946
that I last saw him live on Dec 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhotic Liver Duration 6 mo

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 124 B

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. Handley (M. D. or other) MD
Address Springfield Mo Date signed 12-20-46

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

MOTHER FATHER

JAN 9 1947

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

Max F. ...

Licensed Embalmer No. 4071

P.S.O. Address *Springfield*

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.