

FILED FEB 13 1947

State File No.

Registration District No. 199

Primary Registration District No. 5730

Registrar's No.

1. PLACE OF DEATH:

(a) County: Macon
(b) City or town: Rural Drake Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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: Missouri (b) County: Macon 61
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: North Of Ethel Mo 0
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Felix G. Turner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda Turner 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased August 13 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 4 hr. _____ min.

9. Birthplace kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Felix Turner Sr. /

13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Lucendia Nunn

15. Birthplace North Cor. /
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. Turner

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof Jan 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helton

18. (a) Signature of funeral director St. H. McCollum

(b) Address South Gifford Mo

19. (a) Feb 5-1947 (b) George E. Grim
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1947 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 16 1942 to Jan 5 1947 that I last saw h. am. alive on Jan 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Acute Bladder & Kidney infection

Due to Prostatic hypertrophy

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 George E. Grim (M. D. or other) MD
Address Parkville, Missouri Date signed 1/30/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

REGISTERED
DIE
JANUARY 1947 No. 10
2:47-310
FEB 12 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 M. H. McCollum
Licensed Embalmer No. 2 052
P. O. Address South Gifford 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.