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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 379

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3711

Primary Registration District No. 6180

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Winigan
(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 years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan 105

(c) City or town Winigan 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lon Turner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male ✓

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 20 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	5	hr. min.

9. Birthplace Morgan Co. (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

MOTHER FATHER

12. Name Bartlett Turner

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

14. Maiden name Lovie Rustins

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

16. (a) Informant Mrs. Robert Cattey

(b) Address Winigan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 194 (Month) (Day) (Year)

(c) Place: burial or cremation Winigan Cem.

18. (a) Signature of funeral director Glenn E. Kent & Son

(b) Address Green City, Missouri

19. (a) Jan 31-47 (Date received local registrar) (b) Laura Shaw-deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Jan 25, 1947 and that death occurred on the date and hour stated above.

that I last saw him alive on Jan 24, 1947

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature J. R. McCarter (M. D. or other)

Address Browning Date signed 1-29-47

319 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 2-47-266
FEB - 5 1947
Date Filed

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 Archie Ed. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.