No. 2
—12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4155

Registration District No. FILED MAR 10 1946

Primary Registration District No. 5151

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kidder Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 73 Years
years, months or days)

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

3. (a) PRINT FULL NAME Ivy Belle Turner
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased Mar. (Month) 8, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	4	XX hr. XX min.

9. Birthplace Kidder Twp.-Caldwell Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Household.
11. Industry or business
FATHER
12. Name Jacob Turner
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Jane Burkett
15. Birthplace Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant J. Harve Turner,
(b) Address Kidder, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby. 14, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Kidder Cem. Kidder, Mo.
18. (a) Signature of funeral director Bram Funeral Home.
(b) Address Hamilton, Mo.
19. (a) Feb 22/47 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 12th year 1947 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from March 1st, 1941, to Feb 4th, 1947, that I last saw her alive on Feb 4th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis + myocardial degeneration	?
Cerebral thrombosis	2-4-47
Due to Arteriosclerosis	?
Chronic glomerulonephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 C. E. Boon D.O. (M. D. or other)
Address Cameron, Mo. Date signed 2-15-47

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(Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R Lester Braun, Registered Apprentice No. 456, working under my personal supervision.

Signed R J A Braun

Licensed Embalmer No. 3052

P. O. Address Hamilton 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.