

S. No. 2  
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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 78771  
Registrar's No. 97

Registration District No. 3.8 Primary Registration District No. 3006

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

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Boone Co Hosp'l (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 N 2nd St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Constance Louise Turner  
3. (b) If veteran, name war x 3. (c) Social Security No. Child

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 26  
year 1947 hour 2 minute P. M.  
21. I hereby certify that I attended the deceased from 26  
March 1947, to 26 March 1947  
that I last saw her alive on 3/26-47  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if  
alive years  
7. Birth date of deceased July 1945 1947  
(Month) (Day) (Year)

Immediate cause of death Pneumonia Robor 2 days  
Due to 108  
Due to 108  
Other conditions Detained Rest Day  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
x 8 6 hr. min.

Major findings: above  
Of operations findings at  
Of autopsy autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Child  
11. Industry or business  
12. Name Archie Turner  
13. Birthplace Callaway Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Dunham  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 3  
(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) 1  
(e) Means of injury 0  
23. Signature Rose E. Palmer (M. D. or other)  
Address 205 E. Chamberlaine Blk Date signed 3/26/47

16. (a) Informant Archie Turner  
(b) Address 6 N 2nd St Columbia Mo  
17. (a) Burial (b) Date thereof March 27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old Cedar Cem  
18. (a) Signature of funeral director Palmer  
(b) Address Columbia Mo  
19. (a) 3-28-47 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 4-7-47

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.

*Nat Embalmer*  
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.