S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1947

Registration District No. 30

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 26753

Registrar's No. 220

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 County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Hours (Specify whether years, months or days)
In this community: 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 207 McBaine Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SAMUEL J. TILDEN TURNER
3. (b) If veteran, name war: None
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jennie Wyatt Turner
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) - 2 (Day) - 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	10	hr. min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
MOTHER FATHER
12. Name: John Turner
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Nancy Ellen Jacobs
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Tilden Turner
(b) Address: 207 McBaine Ave., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery
18. (a) Signature of funeral director: Parkers Funeral Service
(b) Address: Columbia, Mo.
19. (a) 8-16-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 12 year: 1947 hour: 1 minute: 10 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Gunshot wound
Due to:
Due to: Self inflicted
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide
(b) Date of occurrence: Aug. 12-1947
(c) Where did injury occur? Columbia (City or town) Boone (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. Evans Coroner (M. D. or other)
Address: Columbia Mo Date signed: 8/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-27-47

JUN 30 1949

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 Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, Ms

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.