S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
(National Office of Vital Statistics)

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31882

Registration District No. 225 Primary Registration District No. 4-3-3-5-5797 Registrar's No. 11

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town TIPTON RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HIWAY 50 EAST.
(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 TENN (b) County DAVIDSON
(c) City or town NASHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 VILLA PLACE
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Betty Lee Turner Neighbors

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvin Spencer Neighbors 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July 1, 1924 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
23	2	24	..... hr. ..... min.

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

10. Usual occupation Secretary

11. Industry or business .....

FATHER
12. Name Guy Lynton Turner
13. Birthplace Columbia, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lee Hurt
15. Birthplace Tipton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Guy L. Turner
(b) Address Knobnoster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia

19. (a) 9-26-1947 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25 year 47 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw her alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Due to Car wreck

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Accident
(b) Date of occurrence 9-25-47
(c) Where did injury occur? 6 mi E Tipton Moniteau Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hway 50 6 mi E. Tipton Car (Specify type of place)
While at work? No (e) Means of injury Car

23. Signature H. C. Hume M.D. Coroner - Moniteau (M. D. or other)
Address Tipton Mo Date signed 9-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coll. with other M. Vehicle

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-3-47
OCT 10 1947
OCT 23 1947
OCT 21 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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia 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.