FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41505

FILED DEC 30 1947

Registration District No. 437 Primary Registration District No. 3023 Registrar's No. 268

1. PLACE OF DEATH:
(a) County HENRY Co.
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MOORES REST HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 100 DAYS (Specify whether
In this community 3 mo's 10 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County CASS 19
(c) City or town Creighton Mo. 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) 1
If yes, name country

3. (a) PRINT FULL NAME LAURA B. TURNER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ISAAC L. TURNER
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased JUNE (Month) 25 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Bronnington Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. A. O. Turner
(b) Address Creighton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cem.
18. (a) Signature of funeral director H. L. Vansant
(b) Address Clinton Mo
19. (a) 12-27-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1947 hour 5:20 minute P.M.
21. I hereby certify that I attended the deceased from 11-15- 1947 to 12-25- 1947 that I last saw her alive on 12-25- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Myocardial Degeneration
Due to
Other conditions Senile Dementia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 9 3P

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)
(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 E. C. Perlon (M. D. or other)
Address Clinton Mo Date signed 12/27/47

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

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

JAN 1 3 1948

RECEIVED
District Health Officer No. 7
District File Number 11-47-1986
Date Filed 12-29-47

JAN 8 1948

JAN 12 1948

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 H. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.