S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41556

Registration District No. 145 | Primary Registration District No. 5566 | Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron 47
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 Caledonia 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: CAROLYN JEAN TURNER
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: Unknown
4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: May (Month) 1 (Day) 1929 (Year)
8. AGE: Years 18 | Months 7 | Days 20 | If less than one day ..... hr. ..... min.
9. Birthplace: Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Finisher
11. Industry or business: Long Shoe Co
12. Name: Louis Stanley Turner (FATHER)
13. Birthplace: Washington Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Catherine Marietta Rapnier (MOTHER)
15. Birthplace: Richwoods (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Louis Stanley Turner
(b) Address: R-1 Caledonia Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Caledonia Mo
18. (a) Signature of funeral director: Benham Funeral Co
(b) Address: 313 Benham Bonne Terre Mo
19. (a) Dec 27-1947 (Date received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 21 st
year: 1947 hour: 7 minute: 05 A.M.
21. I hereby certify that I attended the deceased from 12-18, 1947 to 12-21, 1947 that I last saw her alive on 12-18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic	
Due to: Asthma (Cardiac)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
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)
(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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature: Jas. W. Huffman (M. D. or other) M.D.
Address: Desmard Date signed: 12-22-47

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

RECEIVED

District Health Officer No. 4

District File Number 1247-1623

Date Filed 12-29-47

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 Jim Counts Registered Apprentice No. 95, working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3769

P. O. Address Bonne Terre 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.