

FILED JAN 17 1948

Registration District No. 11

Primary Registration District No. 6042

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(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 Missouri (b) County Barry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Exeter, Mo. R#  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence Arthur Turner

3. (b) If veteran, name war World War 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ova Turner 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased August 29 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Miles Turner  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Suttles  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ova Turner

(b) Address Exeter, Mo. R#

17. (a) Burial (b) Date thereof 12/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chitwood Cem. Wheaton

18. (a) Signature of funeral director Wm. M. Williams

(b) Address Wheaton, Mo.

19. (a) Dec 18 - 1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov-24 1947 to Nov-29 1947  
that I last saw him alive on Nov-28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis  
Arteriosclerosis  
Due to 37x

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature O. S. McCall (M. D. or other) \_\_\_\_\_  
Address Wheaton, Mo. Date signed 12-1-47

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

5  
0  
0

MAY 1948

RECEIVED  
District Health Officer No. 6,  
District File Number 148-559  
Date Filed JAN 14 1948

JAN 19 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 *Wm. Morris Payne*

Licensed Embalmer No. *3547*

P. O. Address. *Wheaton, 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.