S. No. 2
1—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1948

Registration District No. 295

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17258

Primary Registration District No. 4443

Registrar's No. 19

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

8
1
0

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(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
In this community --- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 8 8

(c) City or town Huntsville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Jane Turner

3. (b) If veteran, name war --- 3. (c) Social Security No. ----

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January 28 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name Charles Hamilton
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Johnston 4
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Rudkin
(b) Address Huntsville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48
(Month) (Day) (Year)
(c) Place: burial or cremation Bevier Missouri

18. (a) Signature of funeral director W. G. Edwards
(b) Address Bevier Missouri

19. (a) 5-29-48 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature) 7771

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from November 11 1947 to May 18 1948
that I last saw her alive on May 18 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration ? ?

Due to Senility and Arteriosclerosis

Due to .....

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

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Geo. M. Esselman (M. D. or other) D.O.
Address Huntsville, Mo. Date signed 5/20/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1953

RECEIVED
District Health Officer No. 10
District File Number 6-48-9
Date Filed JUN 2 - 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 N. P. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.