FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25818

FILED SEP 2 1948

Registration District No. 8 Primary Registration District No. 3017 Registrar's No. 116

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWARD
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 MILE SOUTH OF GLASGOW
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT E. LEE TURNER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
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 SEPTEMBER 24 - 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 27 If less than one day hr. min.
9. Birthplace GLASGOW (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
12. Name JOHN H. TURNER
13. Birthplace GLASGOW (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name BETTY C. JACKSON
15. Birthplace HOWARD COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant PREWITT TURNER
(b) Address KANSAS CITY - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation GLASGOW - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE MO
19. (a) 8-25-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 381

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 21 year 1948 hour 4:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 5, 19 48 to Aug 21, 19 48 that I last saw him alive on Aug 21, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia due to dysentery bacillus	2 days
Due to Agranulocytosis	12 months
Due to Aplastic anemia	12 months
Other conditions Hemorrhagic necrosis of adrenals (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations NO
Of autopsy Hemorrhagic necrosis of adrenals. Septicemia

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 D. Huelsmann (M. D. or other) MD
Address 329 Main Boonville Mo Date signed 8-25-48

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

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

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 9-1-48

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 James W. Stegner
Licensed Embalmer No. 7780
P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.