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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948
Registration District No. 728

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Delzell 26034

State File No.

Primary Registration District No. 5466

Registrar's No. 709

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 3 So (Campbell Township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 3
(If rural, give location)

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

If yes, name country

39
0
0
0

3. (a) PRINT FULL NAME Carrie E. Turner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeff Turner

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

7. Birth date of deceased Nov. (Month) 22 (Day) 1872 (Year)

8. AGE: Years 75 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ben Elliot
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Laura Howe
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mrs. John Butts
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-25-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1948 hour 12 minute 55a. M.

21. I hereby certify that I attended the deceased from Aug 23, 1948, to Aug 24, 1948; that I last saw h[illegible] alive on Aug 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Acute Coronary	
Due to Disease	
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 ✓

23. Signature W. A. Delzell (M. D. or other)
Address Springfield Mo Date signed Aug 24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office.
County File Number .....
Date Filed .....

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 B Gaughen

Licensed Embalmer No. 4564

P. O. Address Springfield, 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.