

FILED NOV 17 1948  
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
521 Roberts /  
(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)

3: (a) PRINT FULL NAME Charles Buford Turner

3: (b) If veteran, name war  3: (c) Social Security No. 705-07-7303

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 10<sup>th</sup> 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>—</u>	hr. min.

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

10. Usual occupation Machinist

11. Industry or business B and O. RR

MOTHER FATHER

12. Name George Turner

13. Birthplace Wis.  
(City, town, or county) (State or foreign country)

14. Maiden name Maxina Glenn

15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant G.C. Turner

(b) Address Moberly, MO

17. (a) Removal (b) Date thereof Nov-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonberry MO

18. (a) Signature of funeral director Malhawan Sow

(b) Address Moberly, MO

19. (a) Nov 11-48 (b) Paul Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Marion <sup>999</sup>

(c) City or town Indianapolis <sup>12</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 2049 W Washington <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10<sup>th</sup>  
year 1948 hour \_\_\_\_\_ 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug 10  
48 to Nov 10 19 48  
that I last saw him alive on Nov 10 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma intestines, primary, 9 m  
Carcinoma liver, stomach  
lung.

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

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

23. Signature H.C. Griffiths (M. D. or other) \_\_\_\_\_  
Address Moberly, MO Date signed 11/11/48

DEC 11 1948

RECEIVED  
District Health Officer No. 10  
District File Number 11-48-1952  
Date Filed NOV 16 1948

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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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address. Moberly, 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.**