

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

16208

STANDARD CERTIFICATE OF DEATH

State File No.

28

Registration District No.

Primary Registration District No.

44-7-3-5323

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava, Rural  
(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

3. (a) PRINT FULL NAME Florence A. Turner

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Turner 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased July 27, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 8 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Turner  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley B. Turner  
(b) Address Ava, Mo.  
17. (a) Burial (b) Date thereof 11-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dobbs

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri  
19. (a) Dec 30 1945 (b) Wesley B. Turner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34  
(c) City or town Ava Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5  
year 1945 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Cause of death was  
Due to attributed to heart  
disease. There  
was no doctor in  
attendance at time  
of death.  
Other conditions (Include pregnancy within 3 months of death) /

Major findings:

Of operations \_\_\_\_\_

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

Duration

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 Wesley B. Turner (M.D. or other) Reg.  
Address Ava, Mo. Date signed 12-30

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

10-1093-

RECEIVED  
District Officer No. 6,  
District . 646-588  
Date Filed MAY 15 1946

Mrs. Turner, wife, did not want body embalmed

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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..... *W.B. Hutchinson*.....  
Licensed Embalmer No. *3431*  
P. O. Address *Ans Mid*

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.