

No. 2  
-1-4-41  
5-17-39  
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FILED JUN 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18056

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 99

18000  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1 1/2 mile north on Turner Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1 1/2 mile N. on Turner Road  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James B. Turner

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-26-41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 9 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw the deceased on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of hair White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct-29-1883  
(Month) (Day) (Year)

Immediate cause of death Acute Myocardial Infarction

Due to Coronary Thrombosis

Due to Coronary Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

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

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

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Sh. W. Turner

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

14. Maiden name Nancy Stoffer

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

16. (a) Informant Mrs. J. B. Turner

(b) Address Prairie Summit Mo

17. (a) Burial (b) Date thereof 5-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antwerp Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Prairie Summit Mo

19. (a) 5/28/41 (b) Sara J. Bame  
(Date received local registrar) (Registrar's signature)

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? 9:30 (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 3

Address [Signature] Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 *R. C. Fields*

Licensed Embalmer No. *2957*

P. O. Address *Lee's Summit, 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.**