No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31059

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County BUCHANAN.

(b) City or town ST. JOSEPH, [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 106 E - MARKET 1
(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 SEVERAL - YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN 11

(c) City or town ST- JOSEPH. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 106 - EAST - MARKET 9
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mrs Elizabeth Turner.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

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

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

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

7. Birth date of deceased Apr. (Month) 12. (Day) 1861 (Year)

8. AGE: Years 80. Months 4 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Burlington (City, town, or county) Ia. 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William John Hartman.
13. Birthplace UNK. West Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant C-E-Barnes
(b) Address 2521 St. Joseph ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park - FEM

18. (a) Signature of funeral director Roy Stamey
(b) Address St. Joseph Mo

19. (a) Sept. 9 1941 (Date received local registrar) (b) H. J. Nestlebush D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1941 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from 9/4 1941, to 9/7 1941; that I last saw her alive on 9/5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to age

Due to —

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

Duration

97

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 — 0

23. Signature J. T. Stamey (M. D. ~~or other~~) M.D.

Address 2624 St Joseph Date signed 9/6/41

85

(Licensed Embalmer's Statement on Reverse Side)

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.....

Sept 7, 1941, Registered Apprentice No.....

working under my personal supervision.

Signed John G. Hurley.

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo.

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

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