No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32 32139

Registration District No. 614 Primary Registration District No. 4555 Registrar's No. 17

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

073
1
0

1. PLACE OF DEATH:
(a) County Newton
(b) City or town G ranby Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 Lifetime 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 073 1
(c) City or town Granby - Seneca 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lelah Turner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or ~~wife~~ Elliott Turner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 1st 1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	10	29	hr. min.

9. Birthplace Granby Mo. n
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Preston Wells
13. Birthplace 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Corneilson
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Jessie Green
(b) Address Granby Mo.
17. (a) Burial (b) Date thereof Aug. 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Swars Prairie Baptist
18. (a) Signature of funeral director Seneca Mo
(b) Address Seneca Mo. Rod Chase
19. (a) 9/15/41 (b) L A Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1941 hour 5 ;30 minute A M.
21. I hereby certify that I attended the deceased from Jun 28, 1941, to Aug 24, 1941
that I last saw her alive on Aug 24, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	6 mo.
Due to Bronchopneumonia	2 wks.
Due to Influenza	5 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P 1

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 1
23. Signature Charles D Chester (M. D. or other) DO
Address Date signed 9/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1633
Date Filed OCT 16 1941

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 Andrew Forbis

Licensed Embalmer No. 3649

P. O. Address Neosho, 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.