

Registration District No.

Primary Registration District No. 5301

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural Palestine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Pilot Grove - mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 28
year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from
12-25-1941 to 12-28-1941
that I last saw her alive on 12-28-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hrs.

Due to _____
Due to 830

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 J. O. Baker (M. D. or other) D
Address Pilot Grove, Mo. Date signed 12-29-41

3. (a) PRINT FULL NAME GRACE-MYRTLE-TURNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mr. & N. Turner 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct 22, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Pilot Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Roberts

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

14. Maiden name Edith Hale

15. Birthplace Green Castle Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Turner

(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director Ray - Painter

(b) Address Pilot Grove, Mo.

19. (a) Feb 15 - 1942 (b) Mrs. W. C. Robison
(Date received local registrar) (Registrar's signature)

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

1087

RECEIVED

District Health Officer No. 8,

Case File Number.....

Date Filed 3-11-42

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 *Myself*

.....
Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.