No. 2
(Rev. 4-41)
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 880

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8013

Primary Registration District No. 4503 6092

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Shelbyville - 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 years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County: 102
(c) City or town: 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM RICHARD TURNER
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Ann Turner
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Feb. (Month) 12 (Day) 1856 (Year)
8. AGE: Years 86 Months – Days 9 If less than one day ✓ hr. ..... min.
9. Birthplace: Shelby Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....
FATHER 12. Name: Holman Turner
FATHER 13. Birthplace: / Ky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Catherine Settles
MOTHER 15. Birthplace: / Va (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Addie Reely
(b) Address: Shelbyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cemetery
18. (a) Signature of funeral director: E. P. Thompson
(b) Address: Shelbyville, Mo.
19. (a) Feb. 23 1942 (Date received local registrar) (b) Madge Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 24 1942 to Feb. 21 1942 that I last saw him alive on Feb. 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to: Chronic Nephritis
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: 131 P
Of autopsy: .....

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: O. L. Dunham (M. D. or other) DO
Address: Shelbyville Mo. Date signed: Feb 23 42

1045 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-42-321
Date Filed MAR 10 1942

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8013

Registration District No. 836 Primary Registration District No. 6092 Registrar's No.

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Shelby
(c) City or town: Shelbyville-Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 mi N. Black Creek Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William R. Turner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 12 (Day) 1857 (Year)
8. AGE: Years 86 Months — Days — If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb. 23 1942 (Date received local registrar) (b) Madye Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 21 year 1942 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY