

FILED APR 24 1942

Primary Registration District No. 2013

Registrar's No. 19

1. PLACE OF DEATH: Clinton  
 (a) County Cameron  
 (b) City or town Cameron  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 314 S. Pine St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 55 years. (Specify whether  
 In this community 55 years. years, months or days)

3. (a) PRINT FULL NAME William 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, Widower  
 6. (b) Name of husband or wife Corena Turner 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased March 25 1848  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>11</u>	<u>29</u>	hr. _____ min.

9. Birthplace Jackson Co. Ohio (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired house painter

11. Industry or business \_\_\_\_\_  
 12. Name John Turner  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Susana Timberton  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hebert A. Lovell  
 (b) Address Cameron Mo.  
 17. (a) Burial (b) Date thereof 3-26-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Evergreen Cem

18. (a) Signature of funeral director Poland Funeral Home  
Cameron  
 (b) Address \_\_\_\_\_  
 19. (a) Mar. 26, 1942 (b) Mrs. Kathleen Harris  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clinton  
 (c) City or town Cameron  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 314 S. Pine St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
 year 1942 hour 8:30 A. minute 15 M.  
 21. I hereby certify that I attended the deceased from 10 \_\_\_\_\_, 1942, to March 24, 1942  
 that I last saw him alive on March 22, 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 97

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)  
 (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 W. L. Peters (M. D. or other)  
 Address Cameron Mo. Date signed 3/24/42

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

25  
1  
1

025  
1

0

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Herald I. Wade*

Licensed Embalmer No. *4177*

P. O. Address

*Cameron 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.**