V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1942

Registration District No. 4

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26764

Primary Registration District No. 1000

Registrar's No. ~~6000~~ 799

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo Meth Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Industral City 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Grace May Turner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Earl G Turner

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

7. Birth date of deceased Sept (Month) 8 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	11	3	hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Francis
13. Birthplace Bethany (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Mollie McCray
15. Birthplace Bethany (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Earl G. Turner
(b) Address Industral City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 13 (Day) 1942 (Year)
(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Fleeman & Sontre
(b) Address St Joseph Missouri

19. (a) 8-13-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1942 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug. 9, 1942, to Aug 11, 1942
that I last saw her alive on Aug 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer thyroid	?
Strangulation from pressure	
Due to: Cor. myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tracheotomy
Co. thyroid (Aug. 9-42
Of autopsy no

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

23. Signature H. S. Conrad (M. D. ~~or other~~)

Address St Joseph Mo Date signed 8-11-42

1233 (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 .....

Aug 11 1942, Registered Apprentice No. .....,

working under my personal supervision.

Signed John H 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 with the above constitutes grounds for revocation of license.)

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