

30088

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 14 1942

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Brunswick
(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. _____ years

3. (a) PRINT FULL NAME LEMORE TURNER

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecil 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct 28 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Lena Redding
13. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mag. Strother
15. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Blanton
(b) Address Keyes Lee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 9/16/42
(Month) (Day) (Year)

(c) Place: burial or cremation Brunswick

18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo.

19. (a) Sept 16, 1942 (Date received local registrar) (b) J. H. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 11 - 12, 1942, to Sept 11, 1942; that I last saw her alive on Sept 11, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Hemorrhage in the Brain

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

Major findings: Of operations 83a
Of autopsy _____

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. L. Fetter Day (M. D. or other)
Address Brunswick Mo. Date signed Sept 15 1942

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-13-42

AUG 20 1947

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 John H. Meyer

Licensed Embalmer No. 3730

P. O. Address Brunswick, Me

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, above space should be left blank.