

FILED JAN -8 1942

Registration District No. 77

Primary Registration District No. 5163

State File No.

Registrar's No. 390

1. PLACE OF DEATH

(a) County CALLAWAY
(b) City or town TEBETTS RURAL
(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 _____
In this community SINCE 1899 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town TEBETTS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL JAMES TURNER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex M. O 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Sarah Turner 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov. 6, 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace NEW ORLEANS LA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER + MERCHANT

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL TURNER
13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES HARRISON
15. Birthplace LONDON ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Turner
(b) Address Tebetts Mo

17. (a) BURIAL (b) Date thereof DEC. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW TEBETTS

18. (a) Signature of funeral director Elmer J. Maupin
(b) Address Fulton Mo

19. (a) 12-18-1942 (b) Joan Moushchiff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Dec 16, 1942
that I last saw her alive on Dec 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary Tuberculosis + Nephritis with Edema

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature Jefferson M.D. (M. D. or other)
Address Jefferson City Mo Date signed 12-17-42

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

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.....

Glen Y. Maupin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40390

Registration District No. 47

Primary Registration District No. 3163

Registrar's No. 390

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Debbets
(If outside city or town limits, write "RURAL")
(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 _____
In this community since 1899 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Debbets
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel J 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 Sarah 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov 6 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Samuel Taylor

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

14. Maiden name _____

15. Birthplace Frances Harrison (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I observed him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Myocardial Fibrillation
& nephritis & edema
Due to Chronic Hypertension
with Edema

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

