

No. 2
2-43
17-39
X3559

FILED NOV 6 1943

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 84

1. PLACE OF DEATH:

(a) County St. Francois,
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 Mill Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Mill St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jefferson Davis 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 single

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

7. Birth date of deceased December 2 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 19 hr. _____ min.

9. Birthplace Clay County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name George W. Turner 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Louise Jane Ellis

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

16. (a) Informant Julia Morris

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 10/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem.

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Flat River, Missouri

19. (a) Oct 27, 1943 (b) Bondie Buhmester
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 9 minute A M.S.

21. I hereby certify that I attended the deceased from not attended
_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-aortal hemorrhage 2h

Due to arterio sclerosis

Due to _____

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

Major findings: Of operations _____

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) (d) Means of injury _____

23. Signature H. C. Gaeckle (M. D. or other) _____
Address Desloge, Mo Date signed 10-23-43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 1143-2866
Date Filed 11-5-43

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.