

No. 2
9-4-41
5-17-43
I X 1234

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35983

State File No. _____
Registrar's No. 43

FILED NOV 12 1943 340

Registration District No. 340 Primary Registration District No. 6157

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

1. PLACE OF DEATH: Stockland
 (a) County _____
 (b) City or town Rural Elk (Jury)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community 1 yr. years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stockland
 (c) City or town Rural - 1 mi. South of Saville Mo
 (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 _____

3. (a) PRINT FULL NAME SAMUEL-MARION-TURNEY

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Missus Lula Turney
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Feb. 13 1922
 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____
 12. Name unknown
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name Sarah M. Woods
 15. Birthplace State of Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Marion Lula Turney

(b) Address Warma Mo

17. (a) Burial (b) Date thereof 10-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Warma Cemetery

18. (a) Signature of funeral director Walter Fun. Service
(b) Address Warma Mo

19. (a) 10-16-43 (b) Cardie Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10-2-43 19 to 10-7-43 19
that I last saw ~~him~~ her alive on 10-7-43 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions 8301
(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?
 _____ (Specify type of place)

While at work? No (c) Means of injury _____
 23. Signature Walter Fun. Service (M.D. or other) no
 Address Warma - Mo Date signed 10/14/43

1123

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1143-1416

Date Filed 11-11-43

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

Chester A. Roof

Licensed Embalmer No. 3088

P. O. Address. *Chester Ave*

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.