

FILED DEC 6 1943
Registration District No. 6

Primary Registration District No. 1002

Registrar's No. 1269

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:
2218 Angelique Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 41 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 2218 Angelique Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jefferson Davis Turner

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased August 5 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 7 hr. _____ min.

9. Birthplace Atchison County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Lewis Turner
13. Birthplace Atchison County Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Betty Douglas
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Turner

(b) Address 2218 Angelique St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/15/1943
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place; burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 11-15-43 (b) Rose Skoyog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th.
year 1943 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from
SEP. 10, 1943 to Nov 12, 1943
that I last saw him alive on Nov 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis - about 3 yrs

Due to Chronic Hypertension about 3 yrs
Chronic nephritis about 1 yr

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 131 f

Duration

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) (e) Means of injury _____

23. Signature L. Bauman (M. D. or other) _____
Address 620 Francis St. Joseph, Mo. Date signed 11/3/43

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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..... *Albert E. Harrington*

Licensed Embalmer No..... *3258 Missouri*

P. O. Address..... *St. Joseph, Missouri.*

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.