

FILED JUN 12 1944

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town 529 S. Clark
(If outside city or town limits, write "RURAL")
(d) Street No. Mexico, Missouri
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ned A. Turner

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 9, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired H. H. Engineer

11. Industry or business Alton R. H. Co.

MOTHER FATHER { 12. Name W. H. Turner
13. Birthplace DK A
(City, town, or county) (State or foreign country)
14. Maiden name Kittie Ann Littrell
15. Birthplace DK A
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Torreyson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 5/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwood

18. (a) Signature of funeral director Chas. Russell

(b) Address Mexico, Mo.

19. (a) 5/15/44 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-3, 1944 to 5-15, 1944.
that I last saw her alive on 5-15, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocardial failure
Coronary atherosclerosis

Due to Hypertension, Coronary Vascular Disease

Due to _____
Other conditions _____
(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)
(r) Means of injury _____

23. Signature Harry F. O'Brien (M. D. or other) _____
Address Mexico, Mo. Date signed 5-18-44

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

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

Dr. Howard

RECEIVED

District Health Officer No. 10

District File Number 6-44-1141

Date Filed JUN 9 1944

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 *Chas Arnold*

Licensed Embalmer No. 3569

P. O. Address *Murphy*

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.