S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33114

FILED NOV 6 1945

Registration District No. 38 — Primary Registration District No. 3006 5120 — Registrar's No. 284

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 52 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: Tandy Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: NOAH RICHARD 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: 11 (Month) - 25 (Day) - 1892 (Year)

8. AGE: Years 52 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Farmer

11. Industry or business ____

FATHER
12. Name: John Turner
13. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Cordelia Gilpin
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Loyd Turner
(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Nashville Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) Oct 29, 1945 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 23 year: 1945 hour: 4 minute: 50 P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Crushed chest & neck

Due to: Accident by tractor backing into deceased

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy: none

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): Accident 10
(b) Date of occurrence: Oct 23-1945
(c) Where did injury occur? Rural - Boone Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? yes (e) Means of injury: Tractor

23. Signature: E. J. Ward Coroner (M. D. or other)
Address: Columbia Mo Date signed: 10/24/45

1425

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1946

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 L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.