No. 2
-8-43
17-39
X37823

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

FILED JAN 30 1946

State File No. 3271

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Macon Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Samaritan Hospital (Specify whether

In this community 15½ hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 4

(c) City or town Mexico (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 2

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Paul Franklin Turner

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Ethel Beasley 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased 3 (Month) 18 (Day) ~~1908~~ 1909 (Year)

8. AGE: Years 36 ~~27~~ Months 8 Days 13 If less than one day hr. min.

9. Birthplace Shelby Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation brick moulder

11. Industry or business Brick Plant

12. Name Arthur Turner 0

13. Birthplace Randolph Co (City, town, or county) Mo (State or foreign country)

14. Maiden name Alice Ethel Upton

15. Birthplace Shelby Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Arthur Turner

(b) Address Madison, Mo R R

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Cemetery

18. (a) Signature of funeral director Nick Thompson

(b) Address Madison Mo

19. (a) 1-6-46 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1945 hour 12 minute 30 p M.

21. I hereby certify that I attended the deceased from Nov 30 1945 to Dec 1 1945 that I last saw him alive on Dec 1 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cranial Contusion	15 hrs
Due to Fracture left temporal bone	15 hrs
Due to auto wreck	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 69

(b) Date of occurrence Nov 30 930 pm 1945

(c) Where did injury occur? Dunlans Bridge Mo (City or town) Monroe County (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Maintained High way (Specify type of place)

While at work? no (e) Means of injury auto wreck

23. Signature D. L. Harlan (M. D. or other) MD

Address Clarence, Mo Date signed Dec 6 1945

185

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1946

RECEIVED
District Health Officer No. 10
District File Number 1-46-228
Date Filed JAN 28 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 Mrs Leola Thompson

Licensed Embalmer No. 2282

P. O. Address Madison Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Monroe }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of Jan, 1946, before me appears Fred A. Thompson, who, upon his oath, states that the original record of ~~birth~~ death for Paul Franklin Truman, died ~~born~~ Dec 1 1, 1945, in the State of Missouri, and which was filed at Jefferson City on , 19 , should be corrected as follows:

Item No. should read March 18 - 1909

Instead of March 18 - 1908

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fred A. Thompson
Relationship.

Monroe Mo
Present Address.

Subscribed and sworn to before me this 7 day of January, 1946

My Commission expires Jan 17 - 1948

Jennie A Bloodworth
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-8-42
I X33820

JUN 26 1996

3271

No. 2B
I—3-45
P I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7et

Registration District No. 2 ev Primary Registration District No. 3041 Registrar's No. 16

1. PLACE OF DEATH

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul J. Turner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar. 18 1908 (Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 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 — Duration

Due to

Due to

Other conditions
(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) Collision; car
(b) Date of occurrence Dec 27 State Maintenance
(c) Where did injury occur? Highway Cat 3 Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? into a pasture was struck
While at work? (Specify type of place) (Means of injury) on Hwy 50 Lee's Summit Car

23. Signature G. L. Harlan M.D. (M.D. or other)
Address Clarence Mo Date signed Dec 31 1946

SUPPLEMENTARY

Doc-8

NATIONAL SUPPLEMENTARY INFORMATION REQUESTED

100576 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3271

SEP 9 1946