V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28005

FILED SEP 12 1946

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PIKE Co. HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 2 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MARION 64
(c) City or town HANNIBAL 3
(If outside city or town limits, write "RURAL")
(d) Street No. NORTH 9TH ST. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MAJOR TURNER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE 2
5. Color or race COLORED
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased OCTOBER 20 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	2	hr. min.

9. Birthplace PIKE Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation BARBER
11. Industry or business
FATHER
12. Name MAJOR TURNER
13. Birthplace PIKE Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name LOUINDA HUGHES
15. Birthplace PIKE Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Louis Turner
(b) Address Louisiana, Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG. 23. 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ HANNIBAL MO
18. (a) Signature of funeral director GARNER & STEELE
(b) Address LOUISIANA, MO
19. (a) Aug 23/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22 year 1946 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from 8-22, 1946 to 8-22, 1946 that I last saw him alive on 8-22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	Not Known
Due to Senility —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None 130	
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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work no (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Louisiana, Mo Date signed 8-23-46

255

(Licensed Embalmer's Statement on Reverse Side)

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

2 2 1

28004

RECEIVED
District Health Officer No. 10
District File Number 9-46-1684
Date Filed SEP 11 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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.