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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 36181

Registrar's No. 1338

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: 844 So. 19th

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 24 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph 9th (If outside city or town limits, write "RURAL")

(d) Street No.: 844 So. 19th (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Alfred Fox 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: Married

6. (b) Name of husband or wife: Olive

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: July (Month) 31 (Day) 1880 (Year)

8. AGE: Years 66 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Owner Al's Sweet Shop

11. Industry or business: ____

MOTHER FATHER

12. Name: Edward Turner

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Mary Fox

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Hilgrith Bowles

(b) Address: St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Auburn Cemetery

18. (a) Signature of funeral director: Fleeman & Son Inc.

(b) Address: St Joseph, Mo.

19. (a) Dec. 4, 1946 (Date received local registrar) (b) E.B. Jenkins by Joyce (Registrar's signature) Address: ____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from on Nov 28, 1946 to Nov 29, 1946 that I last saw him alive on 28 Nov, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver — Duration: 2 mos (?)

Due to: (with extreme cachexia and jaundice)

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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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): ____

(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: Thompson C. Potter (M. D. or other) MD

Address: 415 Corby Bldg St Joseph, Mo Date signed: 29 Nov. 46

302 (Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.