

S. No. 2
M-12-45
v. 5-17-39
X47070

34805

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34805

FILED NOV 7 1947

Registration District No. 150

Primary Registration District No. 5372

Registrar's No. 34805

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

1. PLACE OF DEATH:
(a) County Jackson *RURAL PRAIRIE TWP.*
(b) City or town Little Blue, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home *5*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson *48*
(c) City or town Leeds Missouri R.R. # 3
(If outside city or town limits, write "RURAL") *0*
(d) Street No. Rural *3*
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) *0*
If yes, name country _____

3. (a) PRINT FULL NAME: Ella M. Turwilliger
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10th.
year 1947 hour 10:45 minute A.P.M.
21. I hereby certify that I attended the deceased from
10 8 19 47 - 10 10 19 47
that I last saw her alive on 10 9 19 47
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow *2*
6. (b) Name of husband or wife Milton B. Turwilliger
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 6 27 1859
(Month) (Day) (Year)

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>87</u> | <u>3</u> | <u>13</u> | hr. min. |

9. Birthplace Grand Rapids - Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name No Record
13. Birthplace No Record *9*
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record *9*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Doris Schuman
(b) Address Leeds, Mo. R.R. # 3
17. (a) Burial (b) Date thereof 10-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wagon Lawn
18. (a) Signature of funeral director Mrs. C. S. Foster
(b) Address Revere City, Mo.
19. (a) OCT. 12, 1947 (b) Ronald C. Brumby
(Date received local registrar) (Registrar's signature) *219*

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 0
23. Signature R. L. Saunders (M. D. or other) *215*
Address Independence Date signed 10-11-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Greene,

Independence, Missouri

Paul R. Bell
Dr. E. J. Starnes

121 1/2 West Lexington
Ind. 244

1422 2-6/19

Gravel 3855

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brookton
R. C., 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.