

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35313**

FILED OCT 27 1947

Registrar's No. **20**

Registration District No. **279**

Primary Registration District No. **4413**

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Clarksville
(Specify 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. 1
(Specify whether years, months or days)

In this community 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike **82**

(c) City or town Clarksville
(If outside city or town limits, write "RURAL") **0**

(d) Street No. 1
(If rural, give location) **6**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME Mattie M^{rs} Murray Turner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored

6. (b) Name of husband or wife William Turner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 24 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1947 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from Oct 10th 1947 to Oct 20 1947 that I last saw her alive on Oct 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease **not known**

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

Due to not known

Due to not known

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

Other conditions deafness
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

Major findings: _____
Of operations _____

11. Industry or business _____

12. Name Wash M^{rs} Murray **9**

13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Ellen **9**

15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Reynolds **1**

(b) Address Clarksville

17. (a) Burial (b) Date thereof Oct 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry C. Carroll

(b) Address Clarksville Mo

19. (a) 10-24-1947 (b) Judith Richard
(Date received local registrar) (Registrar's signature)

Of autopsy _____

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 _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature E M Bartlett (M. D. or other) **0**

Address Clarksville Mo Date signed 10/23/47

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 Oct 22

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Clifton Miller

Licensed Embalmer No. 3364

P. O. Address..... Elsbury, Md

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.