

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35364**

FILED OCT 29 1947

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **239**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly, Mo.**
(c) Name of hospital or institution:
919 So. Fifth
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Rand.**
(c) City or town **Moberly**
(d) Street No. **919 So. Fifth**
(e) Citizen of foreign country?.....
If yes, name country.....

88
6
3
0

3. (a) PRINT FULL NAME **JOHN HENRY TURNER**

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

4. Sex **Male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **S O**

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

7. Birth date of deceased: **1 18 1882**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **2**
If less than one day hr. min.

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

10. Usual occupation **Don't know**

11. Industry or business.....

12. Name **Hadley Turner**

13. Birthplace **Huntsville Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Luann Turner Wayland**

(b) Address **Towa**

17. (a) **Burial** (b) Date thereof **Oct 26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo.**

18. (a) Signature of funeral director **A. G. Carr**

(b) Address **Moberly Mo**

19. (a) **Oct 25-47** (b) **W. H. W. W. W. W. W.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct**, day **20**, year **1947**, hour **8:45**, minute **a**, M.

21. I hereby certify that I attended the deceased from **Oct 16**, 1947, to **Oct 16**, 1947, that I last saw him alive on **Oct 16**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus & gangrene of R. foot**

Duration **1 month**

Due to.....
Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations **none**

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).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(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 **W. Dreyer** (M. D. or other) **MD**
Address **Huntsville Mo** Date signed **10/23/47**

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

MOTHER FATHER

OCT 28 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1463
Date Filed OCT 27 1947

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. Carr

Licensed Embalmer No.

3190

P. O. Address

Moberly 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.