

No. 2
2-43
17-39
X35697

FILED MAR 5 1948
Registration District No. _____

Primary Registration District No. 8018

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside 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 _____ (Specify whether)
In this community Sixty years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 32
(c) City or town Salem 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country NO

3. (a) PRINT FULL NAME EFFIE J. TURNER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased NOVEMBER 14 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation House Wife

11. Industry or business unknown

12. Name JACK WARD 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 1

14. Maiden name CHIEF WELCOTT 9

15. Birthplace unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Henry D. Nickles
(b) Address Salem Mo.

17. (a) Burial (b) Date thereof Feb 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roach Cemetery

18. (a) Signature of funeral director Hobson & Blunt
(b) Address Salem Mo.

19. (a) 2-20-48 (b) M. M. Hart, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1948 hour 10 minute 30 PM.

21. I hereby certify that I attended the deceased from Feb 14 1948 to Feb 19 1948
that I last saw him alive on Feb 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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

Major findings: Of operations _____
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? 0

While at work? _____ (Specify type of injury)
(c) Means of Injury _____
23. Signature L. H. Strat (M. D. or other) MD
Address Salem Mo. Date signed 2/18/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Officer No. 5,
District File Number 348139
Date Filed 3-4-48

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.....

Edward F. Boyles
working under my personal supervision.

Registered Apprentice No. 435

Signed Paul A. Shanklin

Licensed Embalmer No. 8472

P. O. Address Cuba, 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.