

No. 2
-12-45
5-17-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18837**

FILED JUN 18 1948
Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **187**

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 1 year
(years, months or days)

3. (a) PRINT FULL NAME Marcellus Silvester TURNER

3. (b) If veteran, name war No

3. (c) Social Security No. 2

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive 22 years (Year) 1873

7. Birth date of deceased: December 22, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17
If less than one day hr. min.

9. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name DK

13. Birthplace DK DK 7
(City, town, or county) (State or foreign country)

14. Maiden name DK

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

16. (a) Informant Lafe H. Turner

(b) Address Waterloo, Iowa

17. (a) Burial (b) Date thereof 6/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summerville, Mo.

18. (a) Signature of funeral director Glen Y. Manspin

(b) Address 712 Court St., Fulton, Mo.

19. (a) 6-11-1948 (b) Josie Morsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. (If rural, give location) 3

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 3:30 minute 7 P.M.

21. I hereby certify that I attended the deceased from June 7, 1948 to June 9, 1948
that I last saw him alive on June 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Basal Cell Carcinoma Colon

Duration

Due to

Due to

Other conditions: Diabetes Mellitus 7
(Include pregnancy within 3 months of death)

Major findings: 61

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? 0

While at work? (Specify type of place)

(e) Means of injury

Signature Josie Morsinkhoff (M.D. or other) MD

Address Fulton Date signed 6-11-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 1948

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 *Glen Y. Maupin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.