S. No. 2
M 1-2-43
5-11-39
I 1/X 035897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1948

Registration District No. 2880

Son

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6-964

30656

State File No.

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County: Platte.

(b) City or town: Parkville. Petitt.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Platte 83

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: Joe Edward Turner

3. (b) If veteran, name war: no

3. (c) Social Security No. 498-32-8450

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: Dec. (Month) 7. (Day) 1931 (Year)

8. AGE: Years 16 Months 8 Days 25 If less than one day hr. min.

9. Birthplace: Summerfield (City, town, or county) Okla (State or foreign country)

10. Usual occupation: Student

11. Industry or business:

FATHER
12. Name: Granville L. Turner
13. Birthplace: Ardmore (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name: Lucille McClung
15. Birthplace: Summerfield (City, town, or county) Okla. (State or foreign country)

16. (a) Informant: Luther A. Turner
(b) Address: Parkville Mo RFD 4.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept. 4. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Potosi Okla

18. (a) Signature of funeral director: Leland N. Francis
(b) Address: Parkville Mo.

19. (a) 9-3-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day Thurs 2nd. year 1948 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun Shot Wound in Chest

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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): Unknown

(b) Date of occurrence: 9-2-48

(c) Where did injury occur? R 4 Parkville Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? No (e) Means of injury: Firearm

23. Signature: Lorenzo Cox M.D. (Title or other)

Address: Platte City Mo Date signed 9-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-30-48

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

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville M

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.

No. 2B
4—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14 02

Registration District No. 210 Primary Registration District No. 5964 Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Platte

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

(c) Name of hospital or institution: Better

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Platte

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. 5 miles North of Parkville Mo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Joel C. Turner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec 2 (Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 2 year 1948 hour minute M.

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

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

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

1948
S-30656