. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1949

Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5664

State File No. 40685

Registrar's No. 18

1. PLACE OF DEATH:
(a) County: LEWIS
(b) City or town: LEWISTOWN
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: LEWIS 56
(c) City or town: WILLIAMSTOWN 3
(If outside city or town limits, write "RURAL") 5
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOSEPHINE TURNER
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: HENRY W TURNER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 9 (Day) 1865 (Year)
8. AGE: Years 83 Months 8 Days 6 If less than one day hr. min.
9. Birthplace: Williamstown (City, town, or county) MO (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: Joseph CARMAN
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: WINIFRED ANN ADAMS
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Geo. Leslie
(b) Address: Williamstown Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Dec 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodville Cem MO
18. (a) Signature of funeral director: James Alder
(b) Address: Lewistown Mo
19. (a) Dec. 28 '48 (Date received local registrar) (b) P.D. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1948 hour 11 minute 15 M.
21. I hereby certify that I attended the deceased from Dec 17th, 1948, to Dec 25, 1948 that I last saw her alive on Dec 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrage — Duration: 8 days
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: Dr. C E Todd (M.D. or other) DO
Address: Williamstown Mo Date signed: 12/26/48

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James A Coder

Licensed Embalmer No 2532

P. O. Address Lewistown 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.