

FILED AUG 20 1947

Registration District No.

Primary Registration District No. 3000

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home # 2. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Holladay
(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

Ella Janta Laska Wilson

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 Widowed

6. (b) Name of husband or wife Isaac Newton Turner 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased July 21 - 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Isaac Newton Turner

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

14. Maiden name Attending

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

16. (a) Informant Mrs. Ellen Huddlestone

(b) Address Holladay Mo

17. (a) Buried (b) Date thereof 8-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Red G. Thompson

(b) Address Mo

19. (a) 8-14-47 (b) Noto Abombert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1947 hour 2 minute 05 PM

21. I hereby certify that I attended the deceased from 7:26 a.m. 1947 to Aug 5 1947.
that I last saw her alive on Aug 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death acute circulatory failure Duration 24 hrs.

Due to Myocardial insufficiency and degenerative changes years

Due to arteriosclerosis years

Other conditions Thromboembolism
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97
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) 5
(e) Means of injury 5

23. Signature M.T. Luttrell
Address Kirkville, Mo Date signed 8-5-47

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

MOTHER FATHER

25072

RECEIVED
District Health Officer No. 10
District File Number 8-47-102
Date Filed AUG 19 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 Mr. Fred A. Thompson
Licensed Embalmer No. 3282
P. O. Address Madison

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.