

DESD MAY 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14932  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 315  
(b) Township S. Greenfield Registration District No. 5440  
(c) City SPRINGFIELD (d) Street No. Dr. W. K. Osteopathic Hospital Registered No. 346  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 570 Mez Young St.  Seymour, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Geo. Young (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1909  
7. AGE YEARS 30 MONTHS 2 DAYS 8 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Housewife 9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 4-20-39 11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

FATHER 13. NAME James Turner 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harizon Ark

MOTHER 15. MAIDEN NAME Millie Moore 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo.

17. INFORMANT (ADDRESS) J. E. Turner Seymour Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Day Cemetery DATE 4-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Memphis Waters Seymour Mo.

20. FILED Apr 25 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1939, to 4/24, 1939  
I last saw h.e.r. alive on 4/24, 1939 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

self-induced abortion Date of onset 4-21-39

Other contributory causes of importance: 1750  
Hypostatic Pneumonia

Name of operation exploratory laparotomy Date of 4-21-39  
What test confirmed diagnosis? emery Was there an autopsy? n.o.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? n.o.  
If so, specify \_\_\_\_\_ (Signed) William P. Waters 80  
(Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No. ....

P.O. Address.....

**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, above space should be left blank.**