DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27897

Registration District No. 18

Primary Registration District No. 2007

Registrar's No. 347

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 309 Oak St. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 309 Oak St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Patricia June Turner

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F. 5. Color or race C. 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov. (Month) 27 (Day) 1940 (Year)

8. AGE: Years ____ Months 9 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Poplar Bluff, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER 12. Name Gregory Turner

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

MOTHER 14. Maiden name Florene Stuart

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

16. (a) Informant's own signature Florene Collins

(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 9-10-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1941 to Sept 6, 1941 that I last saw h. alive on Sept 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cystic Colitis with Sepsis	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ____ Of autopsy none

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 W. Brookman M.D. (M. D. or other)

Address Poplar Bluff Mo. Date signed 9-10-41

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X19511

RECEIVED
District Health Office No. 2,
District File Number 941-1272
Date Filed 9/11/41

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 Wallace F. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, above space should be left blank.