DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6231

Primary Registration District No. 3009

Registrar's No. 58.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: South East Mo Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 64 days (Specify whether years, months or days)

In this community: 64 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

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

(d) Street No.: 2 miles South of Oak Ridge Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mary Arminta Turner

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: John J Turner

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

7. Birth date of deceased: November (Month) 18 (Day) 1872 (Year)

8. AGE: Years: 69 Months: 2 Days: 26 If less than one day: ... hr. ... min.

9. Birthplace: Cape Girardeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

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

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

16. (a) Informant's own signature: John J Turner
(b) Address: Oak Ridge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 16 42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Oak Ridge Ceme

18. (a) Signature of funeral director: Wilson Stat Ler Seabaugh
(b) Address: Jackson Mo

19. (a) 2-17-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 14th year: 1942 hour: 4 minute: P. M.

21. I hereby certify that I attended the deceased from Jan 14th, 1942 to Feb. 14th, 1942 that I last saw her alive on Feb. 14th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteri-sclerosis. Insanition —	2 3 weeks
Due to:	
Due to: Fracture of left femur, falling in room.	
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: G. B. Schultz (M. D. ~~or other~~)
Address: Cape Girardeau, Mo. Date signed 2/15/42

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 6-1-38 1 X19911

RECEIVED

District Health Officer No. 4 69

District File Number 342-3[redacted]

Date Filed 3-16-42

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6231

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Gir.
(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 (b) County
(c) City or town (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: Mary A. Turner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 18 (Day) 18 (Year)
8. AGE: Years 69 Months 2 Days 29 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby 14 day year 1942 hour minute 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.

	Duration
Immediate cause of death: Gangrene	4 weeks
Due to: Fracture of left femur	12/15/41 to 2/14/42
Due to:	
Other conditions (Include pregnancy within 3 months of death): 186a	
Major findings: Of operations: 18	
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): accident.
(b) Date of occurrence: 12/15/41
(c) Where did injury occur? Cape Girardeau (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? slipped in a room in her home (Specify type of place)
While at work? yes (e) Means of injury: fell
23. Signature: G. R. Schulz (M. D. ~~Coroner~~)
Address: Cape Girardeau Date signed 4/7/42

SUPPLEMENTARY