

Registration District No. 315 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Mary E. Wilson Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME AGNES L. TURNER

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 widow

(b) Name of husband or wife Granville W. Turner

(c) Age of husband or wife if alive deceased years

7. Birth date of deceased March 7 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>✓ 79</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Petersboro, Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Unknown Dayell

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

14. Maiden name Unknown

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

16. (a) Informant James D. Turner

(b) Address 1129 S. National Bldg. Mo.

17. (a) Burial (b) Date thereof 8/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Map National Center

18. (a) Signature of funeral director Wm C. Greene

(b) Address Springfield, Mo.

19. (a) 8-22-42 (b) W. B. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Mary E. Wilson Home
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 1942
year 1942 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 19 1942
that I last saw her alive on Aug 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis at 12 hrs

Due to Central Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) 430

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William P. Beatey (M. D. or other) _____

Address Med. Dept. 307 Hospital Date signed 8/24/42

984.

W

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.....

R. H. Thorne

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.