

S. No. 2
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7-5-17-39
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3867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1944
268

Registration District No.

Primary Registration District No. 5906

Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Peach Orchard - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home / Little River Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Peach Orchard Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Turner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5
year 1944 hour _____ minute 8:30 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martin Turner 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June 28 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1944 to Jan 5 1944
that I last saw her alive on Jan 5 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 6 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary T.B.
Due to Had spent over year in state sanitarium.
Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Wiley

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

14. Maiden name May Wheeler

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

16. (a) Informant Martin Turner
(b) Address Peach Orchard, Mo.

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine City
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri
19. (a) 1-6-44 (b) J.F. P. Resay
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 13 P1
Of autopsy _____

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 Tracy Coulter (M.D. or other) Dea
Address Mason Date signed Jan 6/44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1-1-44

FEB 3 1944

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.