S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10425

FILED APR 4 1946

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 30

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

9344

1. PLACE OF DEATH:
(a) County PULASKI
(b) City or town WAYNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WAYNESVILLE GENERAL HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HOURS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County TEXAS 107
(c) City or town PLATO 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ELSIE ADELINE TURNER

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN (Month) 7 (Day) 1894 (Year)

8. AGE: Years 52 Months 2 Days 19 If less than one day hr. min.

9. Birthplace PLATO (City, town, or county) MO (State or foreign country)
10. Usual occupation TEACHER
11. Industry or business
FATHER
12. Name GEORGE W TURNER
13. Birthplace N. CAROLINA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NANNIE E KABLER
15. Birthplace VA (City, town, or county) (State or foreign country)
16. (a) Informant JOHN W TURNER
(b) Address STELLA MO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation MT. PISGAH
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo
19. (a) 4-1-46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26
year 1946 hour 2.50 minute A M.
21. I hereby certify that I attended the deceased from MAR 25, 1946, to MAR 26, 1946
that I last saw her alive on MAR 26, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SHOCK	12 HRS
Due to HEMORRHAGE	DONT KNOW
Due to CARCINOMA OF CERVIX UTERI	DONT KNOW
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 48W

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 Wm R Little (M. D. or other)
Address Waynesville Mo Date signed 3/26/46

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(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1969

APR 18 1947

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.