No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21114

Registration District No. 278 Primary Registration District No. 2054 Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: MINERAL SPRING HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 HR 35 MI (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN 4

(c) City or town Vandalia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BONNIE LEE TURNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 6 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day 17 hr. 35 min.

9. Birthplace LOUISIANA (City, town, or county) MISSOURI O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name EUGENE TURNER
13. Birthplace LOUISIANA (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MADELYN RODGERS
15. Birthplace VANDALIA (City, town, or county) MO O (State or foreign country)

16. (a) Informant MADELYN TURNER
(b) Address VANDALIA MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Mo.

19. (a) 6/12/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day SIXTH year 1946 hour 9 minute 15 P.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 Patent foramen ovale.	
Due to	
Due to	
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 Dr. J. K. Dougherty D.O. (M. D. or other) D.O.

Address Vandalia, Mo. Date signed 6/12/46

295 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1351
Date Filed JUL 12 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21114 July

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Vandalia
(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 Bonnie L. Turner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color of race M

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased June 6 1946
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 27 hr. 35 min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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

13. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6
year 1946 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	
Due to	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

21114