. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23503

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 268

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days (Specify whether

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: New Madrid

(a) State Missouri (b) County ~~Butler~~ Dunklin

(c) City or town Rural (If outside city or town limits, write "RURAL") 72

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Sophia Viola (Gilkey) Turner

3. (b) ~~If veteran, name war~~

3. (c) Social Security No. 552-16-1617

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ woodrow Wilson Turner

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased aug (Month) 3 (Day) 1917 (Year)

8. AGE: Years 29 Months 11 Days 7 If less than one day — hr. — min.

9. Birthplace Danville Ark (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business

FATHER
12. Name Oscar Gilkey
13. Birthplace ~~Texas~~ (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Lissie Cowell
15. Birthplace (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Woodrow W Turner

(b) Address Parma Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 13 (Day) 47 (Year)

(c) Place: burial or cremation Kennett Cemetery

18. (a) Signature of funeral director T E Knight

(b) Address Parma Mo

19. (a) 7-14-47 (Date received local registrar) (b) R Minette (Registrar's signature) 25

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 10th year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 7, 1947 to July 10, 1947 that I last saw her alive on July 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Addison

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J M Hutchison (M. D. or other) MD

Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 42-100
Date Filed 2-22-42

MAY 10 1956

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 Wallace R Knight, Registered Apprentice No. 482, working under my personal supervision.

Signed Thomas E. Knight

Licensed Embalmer No. 2189

P. O. Address Parma 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.