

No. 2
1-4-41
-17-39
X26390

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 628

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution 1359 N. Jefferson
(If not in hospital or institution, write street number or location)

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

In this community 41 years
years, months or days

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. 1205 C. Commercial
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME KATE E. TURNER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from 5-10-41
May 10, 1941, to July 30, 1941;
that I last saw him alive on July 1, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. Dwight P. Turner

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

7. Birth date of deceased March 9 1859
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 3 mo

Due to 1st stroke May 10 Sudden

Due to July 30 1941

8. AGE: Years 82 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

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 Mrs. Lillie Turner

(b) Address 1359 N. Jefferson Springfield, Mo.

17. (a) Burial (b) Date thereof Aug. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Thieme

(b) Address Springfield Mo.

19. (a) 8-1-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings: Of operations None

Of autopsy None

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 A. F. Treisen (M. D. or other)

Address Springfield Date signed 8/1/41

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

628

NOV 6 1942

OCT 6 1942



KATE E. THORPE

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. W. 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.