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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 14 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31606

Primary Registration District No. 2001

Registrar's No. 756

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hospital
(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 Greene 39

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

(d) Street No. 504 S. Florence 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lila C. Turner

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George L. Turner

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

7. Birth date of deceased December (Month) 17, (Day) 1902 (Year)

8. AGE: Years 38 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

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

MOTHER
14. Maiden name Nellie Keeble
15. Birthplace Bates County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. George L. Turner
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ 20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 9-20-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th year 1941 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from Sept 11, 1941, to Sept 18, 1941, that I last saw her alive on Sept 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Injured in Car wreck

Due to Hemorrhage from wounds and in Broad ligaments

Due to Severed Coccyx & fractured Sacrum Probable perforation of rectum

Other conditions and additional internal injuries not diagnosed.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
(Collision with other)
Of autopsy none | motor vehicle

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) accident
(b) Date of occurrence 9-11-41 (near Cody)
(c) Where did injury occur? U. S. Highway # 60 (City or town) (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Junction of two highways (Specify type of place)
While at work? No (e) Means of injury Car wreck

23. Signature Joseph L. Johnston (M. D. or other) MD
Address Springfield, Mo Date signed 9-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, Mo.

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

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