

Registration District No. **60** **1947**Primary Registration District No. **309**Registrar's No. **209**

## 1. PLACE OF DEATH:

- (a) County Dunklin  
 (b) City or town Kennett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Dresnell Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether

In this community  
years, months or days3. (a) PRINT FULL NAME Willie Virginia Turner3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if7. Birth date of deceased August 22 1932  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
14 11 2 hr. min.9. Birthplace Sidemont Missouri  
(City, town or county) (State or foreign country)10. Usual occupation School girl

11. Industry or business \_\_\_\_\_

12. Name Martin Turner13. Birthplace Missouri  
(City, town or county) (State or foreign country)14. Maiden name Lula Gaston15. Birthplace Tennessee  
(City, town or county) (State or foreign country)16. (a) Informant Martin Turner(b) Address Crash orchard, Mo.17. (a) Burial (b) Date thereof 7-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pine City (Tenn)18. (a) Signature of funeral director Landers Funeral Home(b) Address Campbell Missouri19. (a) 7-30-1947 (b) Crash Orchard  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid  
 (c) City or town Crash Orchard  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1947 hour 8 minute 5:00 p. M.21. I hereby certify that I attended the deceased from 7-23-47 19\_\_\_\_ to 7-24-47 19\_\_\_\_  
that I last saw h. er alive on 7-24-47 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death EclampsiaDue to Pregnancy

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external cause, specify 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? \_\_\_\_\_ (Specify means of injury)

23. Signature J. P. Wilson (M. D. or other) \_\_\_\_\_Address Kennett, Mo. Date signed 7-29-47

Duration

PHYSICIAN

Underline  
the cause of  
which death  
should be  
charged sta-  
tistically.ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUIRED

RECEIVED

District Health Office No. 2,

District File Number 847-1052

Date Filed 8-2-47

JUN 28 1951

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 Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell,

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug  
Registrar's No. 209

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett  
(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..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (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 Walter V. Turner  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug 27  
year 1947 hour 9 minute 27 M.  
21. I hereby certify that I attended the deceased from Aug 22 to Aug 27  
that I last saw him alive on Aug 27, 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pull term pregnancy of male child & death Duration  
Due to occurred about 12 hours after child was born  
Due to born

4. Sex F 5. Color or race W 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 Aug 22 (Month) (Day) (Year)  
8. AGE: Years 14 Months 11 Day 22 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

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

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

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

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?

23. Signature D. O. Wilson (M. D. or other)  
Address Kennett Mo Date signed 8/31/47

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

SUPPLEMENTARY

23839