

FILED OCT 23 1940

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (c) Name of hospital or institution: St. Francis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Louise Turner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 4 1919
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Stoddard mo. (City, town, or county) (State or foreign county)

10. Usual occupation none

11. Industry or business College Student

12. Name Robert Ellen Turner

13. Birthplace Ohio county Ind. (City, town, or county) (State or foreign county)

14. Maiden name Mary E. Proctor

15. Birthplace Ravenwood mo. (City, town, or county) (State or foreign county)

16. (a) Informant Robert E. Turner

(b) Address Hopkins mo.

17. (a) Burial (b) Date thereof Sept 19 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins mo.

18. (a) Signature of funeral director Stanley Siverson

(b) Address Hopkins mo.

19. (a) Sept 18 1940 (b) Mamie E. Clardy
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Hopkins (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
 year 1940 hour 12 minute 2 P. M.

21. I hereby certify that I attended the deceased from 9/16 1940 to 9/18 1940
 that I last saw her alive on 9/17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration 3.6 hrs

Due to Rupture of stomach in auto-accident 2 days

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, fill in the following:

(a) Accident, suicide, or homicide (specify) Car accident

(b) Date of occurrence 9/15/40

(c) Where did injury occur? Rural Nodaway mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature C. W. King (M. D. or other) MD

Address Hopkins Date signed 9/18/40

210 M
98

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Stanley Swanson

Licensed Embalmer No.

3963

P. O. Address

Hopkinton, 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.

2B
21-40
X222659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32721**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **625**

Primary Registration District No. **3031**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville**
(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)

3. (a) PRINT FULL NAME **Mary Louise Turner**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

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

9. Birthplace: (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) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

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) If foreign born, how long in U. S. A. _____ years.

CERTIFICATE OF MEDICAL ATTENDANCE

20. DATE OF DEATH: Month **Sept** day **18** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **General periton-**

Due to **Rupture of stomach in auto accident**
Due to _____

(Other conditions: **Car impact acct of driving too fast on rough road**)
(Include pregnancy within 3 months of death)

Major findings: **No other car involved**
Of operations: **Road maintained by township**
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): **accident**

(b) Date of occurrence: **Sept 16 1940**

(c) Where did injury occur: **at Maryville Nodaway Mo**
(City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
country road

While at work? **no** (Specify type of place) _____ (c) Means of injury: **Car (auto)**

23. Signature: **P. W. Kinke** (M. D. or other **MD**)
Address: **Napkins Mo** Date signed: **11/27/40**

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

SUPPLEMENTARY

