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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7720

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. "Rural" S.E. 42
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lovina Alice Bloom

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

4. Sex F.
5. Color or race W.
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Alice Turner Bloom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 20 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
63	63	8	15	hr. min.

9. Birthplace Atchison County Rock Port (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name William Henry Turner
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sarah Malinda Fantz
15. Birthplace Stark County 1 Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Andy Turner
(b) Address Leroy Jo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) Feb 7 41 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/5 day
year 1941 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 2/5, 1941, to 2/5, 1941
that I last saw her alive on Feb 5, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of the brain	few hrs
Due to	
Due to	
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? (Specify type of place)
5 While at work? (e) Means of injury

23. Signature C E Cossins (M. D. ~~or other~~) D
Address Maryville Mo Date signed 2/6 1941

(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 William Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 2 6 20

P. O. Address Maryville 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.