

Registration District No. 624

Primary Registration District No. 4375

Registrar's No. 4

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: NODAWAY
 (a) County NODAWAY
 (b) City or town HOPKINS
 (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 21 YRS
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 74
 (a) State Mo (b) County NODAWAY
 (c) City or town HOPKINS
 (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? 11 years.

3. (a) PRINT FULL NAME MARY Effie PROCTOR TURNER

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROBERT ALLEN TURNER 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCT 2 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Proctor

13. Birthplace UNKNOWN Ohio I
(City, town, or county) (State or foreign country)

14. Maiden name ANNA HAWK

15. Birthplace RAVENWOOD Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant R A Turner

(b) Address Hopkins Mo

17. (a) Burial (b) Date thereof Feb 11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOPKINS, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) 2/10/41 (b) OH Sawyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1941 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from 2/14 1941 to 3/8 1941
that I last saw her alive on 3/8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus.
Free phalitis 6 days
 Due to Carcinoma recurring 1 yr
after hysterectomy for
 Due to carcinoma of
uterus
 Other conditions _____ (Include pregnancy within 3 months of death) 4

Duration

PHYSICIAN

Major findings: Carcinoma of fundus of uterus
 Of operations _____
 Of autopsy negative

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? _____

551
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature OWR K Mc (M. D. or other) MD
Address Hopkins Date signed 3/10/41

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.....

.....
working under my personal supervision.

myself

....., Registered Apprentice No.....

Signed

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.