

FILED MAR 12 1943  
Registration District No. 294

Primary Registration District No. 3056

State File No. \_\_\_\_\_  
Registrar's No. 34

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 weeks  
In this community 1 1/2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 334 Woodland Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME PAULINE DEAN TURNER  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb, day 4<sup>th</sup>, year 1943, hour 2 minute 25 P.M.  
21. I hereby certify that I attended the deceased from Dec 25, 1942, to Feb 4, 1943  
that I last saw her alive on Feb 4, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married married  
6. (b) Name of husband or wife J. S. Turner  
6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Sept. - 29 - 1908  
(Month) (Day) (Year)

Immediate cause of death General Carcinoma  
originating in left breast  
with metastasis to lung  
& abdomen  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 50

8. AGE: Years 34 Months 4 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co. Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Leon Jones  
13. Birthplace Johnson Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Dean  
15. Birthplace Henry Co. Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant J. S. Turner  
(b) Address 334 Woodland Ave Moberly Mo.  
17. (a) Burial  
(burial, cremation, or removal) (b) Date thereof Feb - 7 - 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Warrensburg MO  
18. (a) Signature of funeral director Shaw Funeral Home  
(b) Address Moberly Mo.  
19. (a) 2-1-43 (b) Irma Nove  
(Date received local registrar) (Registrar's signature)

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?  
While at work (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature H. E. Buffette (M. D. or other) \_\_\_\_\_  
Address Moberly Mo Date signed 2/5/43

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

36

88  
5

Duration  
2 yrs

RECEIVED

District Health Officer No. 10

District File Number 3-43-475

Date Filed MAR 10 1943

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.