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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 3827

Registrar's No. 963

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2420 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2420 N. Main
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME PHEDBE FLORENCE TURNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Orson Oliver Turner

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September (Month) 3 (Day) 1877 (Year)

8. AGE: Years 66 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business housewife

FATHER
12. Name James Patterson
13. Birthplace Unk. (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Jane Clapp
15. Birthplace Unk. (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Mr Orson Turner

(b) Address 2420 N. Main, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 30 (Day) 1943 (Year)

(c) Place: burial or cremation Robbinson Prairie

18. (a) Signature of funeral director FRED C. THIEME

(b) Address SPRINGFIELD, MISSOURI

19. (a) 11-29-43 (Date received local registrar) (b) Dr W G Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 6, 1943, to November 29, 1943;
that I last saw her alive on November 28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial ~~Insufficiency~~ Insufficiency	3 mos.
Due to Arteriosclerosis	Yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)

While at work? (e) Means of injury

23. Signature E. Allen Knox M.D. or other M.D.
Address Spfd., Mo. Date signed 11-29-43

9816

(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.....

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

working under my personal supervision.

Signed Ralph H. Thiesen

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.