

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

34429

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 280

Primary Registration District No. 44-18-5960

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Camden Point Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 53 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Camden Point Missouri rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Turner

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb. 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 8 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business _____

12. Name Robert Teverbaugh

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Tanner

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Olie Turner

(b) Address Camden Point Mo.

17. (a) burial (b) Date thereof Oct. 13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Mo.

18. (a) Signature of funeral director Lucian Dams

(b) Address Dearborn Mo.

19. (a) Oct 17-46 (b) Mrs. Ophelia Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th
year 1946 hour I minute A. M.

21. I hereby certify that I attended the deceased from July 29th, 1946 to Oct. 11th, 1946
and that death occurred on the date and hour stated above. Oct. 10th, 1946

Immediate cause of death Cerebral Hemorrhage
arterio-sclerotic heart disease
Due to _____
Duration 7 weeks
20 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93D
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? _____

While at work? _____ (Specify type of place)
Means of injury 0

23. Signature J. P. Durham (M. D. _____)
Address Dearborn Mo. Date signed 10-17-46

257

(Licensed Embalmer's Statement on Reverse Side)

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

33233

DISTRICT HEALTH OFFICER
Cameron, N.C.

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.