

No. 2
12-45
-17-39
X47070

FILED DEC 19 1946

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Person
(b) City or town Rural Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yr 6 mo 21 days
17 years 6 months 21 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 108
(c) City or town Fair Play
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAY TURLEY

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 Wid

6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Apr 18 - 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 09 Days 19
If less than one day hr. min.

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

10. Usual occupation Housewife 34

11. Industry or business Home

12. Name H Keith Brown

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

14. Maiden name Ellen Akers

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

16. (a) Informant Hospital record
(b) Address Nevada Stockton Mo

17. (a) Removal to (b) Date thereof 12 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Mo

18. (a) Signature of funeral director Allen V. Hays
(b) Address Nevada Mo

19. (a) 12-9-46 (b) Walter Jareny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1946 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 11-8-46 to 12-7-46
that I last saw her alive on 12-6-46
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of stomach and pancreas
Due to Type undetermined
Due to ✓

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

Major findings: Of operations 46
Of autopsy 46

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? _____

23. Signature R. G. Hall (Specify type of place) (e) Means of injury 12-7-46
Address Nevada Mo Date signed _____

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

MOTHER FATHER

RECEIVED
TOWN OF CHANDLER
DISTRICT 11-46-3130
DATE FILED 12-10-46

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 H. H. Warmaduke
Licensed Embalmer No. 2070
P. O. Address Quada, 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.