DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 21006

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 717 S. Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 717 S. Olive St.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Mary Edith Turner

3. (b) If veteran, name war None

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 Paul F. Turner

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 14, 1916
(Month) (Day) (Year)

8. AGE: Years 28 Months 5 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Martinsburg, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ____

FATHER
12. Name Charles Beasley
13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Adkins
15. Birthplace Audrain County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Beasley

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Rush

(b) Address Mexico, Mo.

19. (a) June 23-1944 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1944 hour 2:15 minute 5 M.

21. I hereby certify that I attended the deceased from 9-28, 1943, to 6-23, 1944; that I last saw her alive on 6-22, 1944; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of uterus with metastasis to pelvis

Due to and lungs

Due to ____

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

Major findings: Of operations —

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) No

(b) Date of occurrence —

(c) Where did injury occur? None. (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) (e) Means of injury —

23. Signature Harry F. O'Brien (M. D. ~~or other~~)

Address Mexico Mo. Date signed 6-23-44

1074

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1940

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.