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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

Registration District No. 21

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 28604

Registrar's No. 166

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:
521 W Coates
(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 .....

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. 521 W. Coates
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mae C. Turner

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 Widow

6. (b) Name of husband or wife Hugh Turner

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

7. Birth date of deceased March (Month) 9th (Day) 1895 (Year)

8. AGE: Years 49 Months 4 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Florist

11. Industry or business Self

FATHER
12. Name Frank Ardizone
13. Birthplace ..... (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Lena Giuffle
15. Birthplace ..... (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mrs Richard Adams
(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malan and Son
(b) Address Moberly

19. (a) 8-5-44 (Date received local registrar) (b) Erma Hove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 16, 1944, to Aug 2, 1944; that I last saw he alive on Aug 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Bowels — Duration

Due to Probably Cancer of Bowels.

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) .....

(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 M R Noland (M. D. or other) M.D.

Address Moberly Mo Date signed Aug 5 1944

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-44-1552
Date Filed SEP 8 1944

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.