

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14500

State File No.

FILED APR 23 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 135

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 So WARREN
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY V. TURNER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife D.V. TURNER 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased AUG 29 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 5 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name MILTON BROWNFIELD
13. Birthplace LUXWOOD MO
(City, town, or county) (State or foreign country)
14. Maiden name ESTHER MANN
15. Birthplace BEAMAN MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CHAS AMOS
(b) Address SEDALIA MO
17. (a) BURIAL (b) Date thereof 4-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEETON, MO.
18. (a) Signature of funeral director Geo Willard
(b) Address Sedalia
19. (a) 4-5-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from NOVEMBER 1946 to APRIL 4 1947
that I last saw h alive on APRIL 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA LIVER, PRIMARY

Due to NOT

Other conditions (Include pregnancy within 3 months of death)
MESENTERIC THROMBOSIS

Major findings: Of operations PHYSICIAN
Of autopsy CARCINOMA OF LIVER (PRIMARY)
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
23. Signature Chas Gordon Stauffe (M. D. or other) MD
Address Sedalia Missouri Date signed 4-4-47

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

MOTHER FATHER

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-22-47

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.