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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22477

Registration District No. 653 Primary Registration District No. 4390 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) R
(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 Pemiscot
(c) City or town Hayti Mo.
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mack GalonTurnage 652
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 29 1938 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	6	9	hr. min.

9. Birthplace Elbridge (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation infant
11. Industry or business 1
MOTHER FATHER
12. Name Edward Carmack Turnage 1
13. Birthplace Elbridge Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Edna Minnick
15. Birthplace Elbridge Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Edward Carmack Turnage
(b) Address Hayti Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Elbridge Tenn.
18. (a) Signature of funeral director King and Williams
(b) Address Hornbeak Tenn.
19. (a) 6-9-1940 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1940 hour 5 minute 30 p.m.
21. I hereby certify that I attended the deceased from 6-6, 1940, to 6-8, 1940; that I last saw him alive on 6-8, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Flu Colitis	5 days
Due to Fuda-(Am)	
Due to 1198	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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? 9440
While at work? (Specify type of place) (e) Means of injury

23. Signature William Hitt (M. D. or other)
Address Hayti Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

7-40-3

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 Jack K. Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti, 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, above space should be left blank.