

No. 2
-13-40
-17-39
FILED AUG 23 1940

State File No. _____

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Zandolph

(b) City or town Huntsville
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Zandolph

(c) City or town Huntsville
(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 Wilkie FRED TURCHIE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 1 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wilkie Turchie O

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

14. Maiden name W. A. Wilson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wilkie Turchie

(b) Address Huntsville Mo

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

(c) Place: burial or cremation Huntsville, Mo

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo

19. (a) Aug 5: 1940 (b) Wm. D. A. Barnhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 11:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 24, 1940, to July 25, 1940, that I last saw him alive on July 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 10 hours

Due to Heart Exhaustion 24 hours

Due to _____

Other conditions Heart Exhaustion 24 hours
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature W. H. Johnson (M. D. or other) _____
Address Huntsville Mo Date signed 7/27/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-40-1527

Date Filed AUG 8 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala.

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.