

Registration District No. 575

Primary Registration District No. 4339

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County Moniteau  
(b) City or town Tipton,  
(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 Four Months \_\_\_\_\_ (Specify whether)  
years, months or days 2

8. (a) PRINT FULL NAME Martha Jane Turpin  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife F. F. Turpin 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased October, 29th, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 0 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moniteau County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Porter ?  
13. Birthplace Unknown ?  
(City, town, or county) (State or foreign country)  
14. Maiden name Mc Daniel 0  
15. Birthplace Morgan County, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper L. Turpin  
(b) Address Clarksburg, Mo.

17. (a) Removal (b) Date thereof 11/9/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tenn

18. (a) Signature of funeral director James E. Richard  
(b) Address Tipton, Mo.

19. (a) 11-8-40 (b) Mrs. C. E. Inge  
(Date received by local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Moniteau  
(c) City or town Tipton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Seventh  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-1-40  
\_\_\_\_\_ 19\_\_\_\_ to 11-7-40 19\_\_\_\_;  
that I last saw her alive on 11-5-40 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion due to myocarditis (Chr.) 11-6-40  
Due to Myocarditis Chr. (concurrent)  
Nephritis (Chronic - Cause embolism)  
Due to Pulmonary tuberculosis Chr.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 23

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? 501

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. A. Stone W.D. (M. D. or other)  
Address Tipton Mo. Date signed 11-7-40

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

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. E. Richards.  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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.**