

S. No. 2  
1-4-13-40  
7. 5-17-39  
I X23159

State File No. \_\_\_\_\_

Registrar's No. 3

MAK 20 1941

Registration District No. 1113

Primary Registration District No. 5317

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00

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Osage LP  
(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 Box in community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford

(c) City or town \_\_\_\_\_ (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 Dorman O Turnbough

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8  
year 1941 hour 6 minutes 30 P. M.

4. Sex M 5. Color or race W

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: 12 (Month) 1 (Day) 1940 (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Jan 7, 1941;

that I last saw him alive on Jan 7, 1941;

and that death occurred on the day and hour stated above.

Immediate cause of death Branch Pneumonia Duration 3 days

8. AGE: Years \_\_\_\_\_ Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to 107

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

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation farmer

Major findings: Of operations \_\_\_\_\_

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

12. Name Elvyn Turnbough

13. Birthplace Dillard Crawford Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Golda Gillman

15. Birthplace Washington Co Missouri  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

16. (a) Informant Elvyn Turnbough

(b) Address Dillard Missouri

17. (a) \_\_\_\_\_ (b) Date thereof 1-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dillard Cemetery

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director E. E. Kelly

(b) Address Subville Mo

19. (a) 2-17-1941 (b) E. E. Kelly  
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Gresham (M. D. or other) MD

Address Salida Mo Date signed 1/9/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number. 341327

Date Filed \_\_\_\_\_

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.....

*Not Embalmed*

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

working under my personal supervision.

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No. 2379

P. O. Address. Shelville 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, fact should be so stated above.