S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11368

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: StElizabeth Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hrs. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Rallos~~ Ralls

(c) City or town ~~Hannibal, Missouri.~~ Perry
(If outside city or town limits write "RURAL")

(d) Street No. ~~StElizabeth Hospital.~~
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sadie Marie Turnbough.

3. (b) If veteran, name war

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 Allen Turnbough

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. (Month) 14 (Day) 1902 (Year)

8. AGE: Years 38 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name Albert Oglesbee.
13. Birthplace Ralls, Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Julia Johnson.
15. Birthplace Ralls, Co. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Allen Turnbough.
(b) Address Perry, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation (Ralls Co.) LickCreek Cemetery.

18. (a) Signature of funeral director Clyde C. Wilcox
(b) Address Perry, Missouri.

19. (a) March 18, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th, day March year 1941 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Mar 14, 1941, to Mar 16, 1941, that I last saw her alive on Mar. 16, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Hernia (umbilical)	48 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1220

Major findings:
Of operations
Of autopsy Strangulated Hernia umbilical

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

23. Signature John E. Brown (M. D. or other) 11
Address Perry, Mo Date signed 3/16

(Licensed Embalmer's Statement on Reverse Side)

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~~ Clyde C Wilkey, Registered Apprentice No. _____, working under my personal supervision.

Signed Clyde C Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Me.

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.