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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. 11378

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3604 Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 11 years 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 3604 Market St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

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3. (a) PRINT FULL NAME William B. Turpin
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 Widowed
6. (b) Name of husband or wife Melisa
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feby. (Month) 9 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
90	1	11	..... hr. ..... min.

9. Birthplace Snow Hill (City, town, or county) Maryland (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Thomas S. Turpin (FATHER)
13. Birthplace Dk. (City, town, or county) Dk. (State or foreign country)
14. Maiden name Mary Esler Gray (MOTHER)
15. Birthplace Dk. (City, town, or county) Dk. (State or foreign country)
16. (a) Informant James L. Turpin
(b) Address Monroe City, Mo. R. 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pisgah Cemetery
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City, Mo.
19. (a) Mar 22 1941 (Date received by local registrar) (b) W. E. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1941, to March 20, 1941; that I last saw him alive on March 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	2 mo
Due to Chronic Nephritis	20 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature H B Norton (M. D. number) 11
Address Hannibal Mo Date signed 3/21/41

(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~~ .....

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

working under my personal supervision.

Signed Leslie L. Nutson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.