

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1530 Washington
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Patrick J. Turley

3. (b) If veteran, name war no

3. (c) Social Security No. 702-12-8108

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Turley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. 17 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 27
If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Erisco Railroad

12. Name Edward Turley

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

14. Maiden name Elizabeth Brady

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

16. (a) Informant: Mrs. Josephine Turley

(b) Address: Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 10-17-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1941 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct. 7 to Oct 14 1941
that I last saw h. i. m. alive on Oct 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Lobar
Due to: unknown

Duration 2 weeks

Due to: _____

Other conditions 108
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury ⓪

Signature Gene W. Farthing (M.D. or other) _____
Address 512 and ante 346 Date signed 10-18-41

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

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DET 3 0 1941

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..... *Walter E Hamillan*

Licensed Embalmer No. *3808*

P. O. Address..... *Springfield, 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.