

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35192**

Registration District No. **408**

Primary Registration District No. **302D**

Registrar's No. **162**

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
513 N. McGregor St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 57 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **049**

(c) City or town Carthage
(If outside city or town limits, write "RURAL") **3**

(d) Street No. 513 N. McGregor St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Claude Alvin Turnage

3. (b) If veteran, name war None

3. (c) Social Security No. 490-10-0672

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th, year 1941 hour 4:15 minute A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leona Campbell Turnage

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 25, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 19 1941 to Oct 28 1941
that I last saw him alive on Oct 28, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 9 Days 3 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis
Bronchial asthma

Duration 6 yrs
2 wks

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

10. Usual occupation Marble Worker

Due to 93d

Other conditions Cirrhosis of Liver
(Include pregnancy within 3 months of death) 6 yrs

11. Industry or business

MOTHER FATHER { 12. Name Samuel P. Turnage

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

14. Maiden name Nancy Hunt

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

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Claude Turnage

(b) Address 513 N. McGregor St., Carthage, Mo.

17. (a) Burial (b) Date thereof 10-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) Oct 30, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

While at work George H. Wood (Specify type of place) (e) Means of injury 0

23. Signature George H. Wood (M. D. or other) M.D.

Address Carthage, Mo. Date signed 10/29/41

(Licensed Embalmer's Statement on Reverse Side)

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

41-11-917

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..... *John S. Pennek*

Licensed Embalmer No. *41941*

P. O. Address *Carthage 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.