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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7539

State File No.

FILED MAR 18 1942 8689

Registration District No. 1

Primary Registration District No. 5917

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution NEAR RAY GRAVEL PIT
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 821

(c) City or town LOUISIANA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 103 KENTUCKY ST 1
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ROBERT TURLEY

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. —

4. Sex MALE

5. Color or race NEGRO

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 May (Month) 14 (Day) 1897 (Year)

8. AGE: Years 44 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Lincoln (City, town, or county) MO (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John W. Turley
13. Birthplace Lincoln Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Lizzie Crockett
15. Birthplace Lincoln Co (City, town, or county) MO (State or foreign country)

16. (a) Informant John W Turley
(b) Address Cyrene MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 2 (Day) 1942 (Year)
(c) Place: burial or cremation Fairview Cemetery MO

18. (a) Signature of funeral director Grace Bauphead
(b) Address Bowling Green MO

19. (a) 3/2-1942 (Date received local registrar) (b) F C Harry (Registrar's signature) Deputy

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 25th year 1942 hour 9:10 minute P.M.

21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h... alive on —, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death WAS STRUCK BY ALTON RAILROAD ENGINE.

~~Due to~~ CONCUSSION OF BRAIN

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-8
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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence FEBRUARY 25, 1942

(c) Where did injury occur? PIKE CO (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? RAILROAD RIGHT OF WAY (Specify type of place)

While at work? NO (e) Means of injury STRUCK

23. Signature M. Smith 3 Coroner (~~M. Coroner~~ other)

Address Louisiana, MO. Date signed 2/25/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1942

JUL 17 1946

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 Harold Garner, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

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