S. No. 2
M—1-4-41
v. 5-17-39
I X26390

67
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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

27696

State File No.

FILED SEP 9 1942

Registration District No. 247 Primary Registration District No. 5785 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural Longpasture Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 OV
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 67

(a) State Missouri (b) County Mississippi
(c) City or town Bertrand 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles N.W. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME O.A.Turnage

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Nora Pearl Turnage
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 9 (Month) 26 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Tipton Co. (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name I.N.Turnage
13. Birthplace Tipton Co. (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Hunt
15. Birthplace Tipton Co. (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Walter Turnage
(b) Address Essex Mo.R.F.D.# 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.
18. (a) Signature of funeral director H.W.Albritton
(b) Address Sikeston Mo.
19. (a) Aug 12/42 (Date received local registrar) (b) D G Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9 year 1942 hour 9 minute 40 PM.

21. I hereby certify that I attended the deceased from 6-8, 1940, to 7-9, 1942 that I last saw him alive on 7-9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchopneumonia 1 week
Due to Right cerebral Paralysis 3 wks
Due to Paralysis Agitans 8 years
Other conditions General arterio sclerosis 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

107

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 none
(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 M G Anderson (M. D. or other)
Address Sikeston Date signed 8/12/42

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1133
Date Filed 9-8-42

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 Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Silkston 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.