

S. No. 2  
4-13-40  
5-17-39  
K23189

2752

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 13 1943

Registration District No. 180

Primary Registration District No. 5674

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County LINCOLN  
(b) City or town Rural Knoxville  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community In this community (Specify whether years, months or days 79)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Lincoln  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY LEE TURNBULL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14 1863  
(Month) (Day) (Year)

8. AGE: 79 Years 8 Months 23 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Charles Larue

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

14. Maiden name Catherine Segars

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

16. (a) Informant Arch Turnbull

(b) Address Troy MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9, 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Shornhill Cem

18. (a) Signature of funeral director Wayne M. Roy

(b) Address Troy MO

19. (a) Jan 10 43 (Date registered for local registrar) (b) Ms. Susan Dixon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 4, 1942, to Dec 7, 1942

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to O. Myocardial Infarction

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature John W. Wessard (M. D. or other)

Address Troy, MO Date signed Dec 8-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*Wayne McCoq*

Licensed Embalmer No.....

*3584*

P. O. Address.....

*Troy Ms*

**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.**