No. 2
4-13-40
5-17-39
X21-53

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10766

Registration District No. 183 | Primary Registration District No. 4298 | Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Linn County Jail 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Two months

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Illinois (b) County: 11 0
(c) City or town: 1121 N. Hickory, Joliet
(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.? 2 years.

3. (a) PRINT FULL NAME: Joseph Turk
3. (b) If veteran, name war: XXXXX
3. (c) Social Security No.: XXXXX
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: XXXXXX
6. (c) Age of husband or wife if alive: XXX years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace (City, town, or county) (State or foreign country): 9
10. Usual occupation: None
11. Industry or business
MOTHER FATHER
12. Name: Frank Turk
13. Birthplace (City, town, or county) (State or foreign country): 9
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country): 9
16. (a) Informant: James G. Anderson Sheriff
(b) Address: Linneus, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Farmer Undertaking Co.
18. (a) Signature of funeral director: Farmer Undertaking Co.
(b) Address: Linneus, Mo. Lot A. Leyland
19. (a) April 1 1943 (Date received local registrar) Mrs C C Wood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1943 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Jan 23, 1943, to Mar 25, 1943 that I last saw him alive on Mar 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	5 hr
Due to: Pernicious Anemia	?
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Roy R Kelley (M. D. or other) MD
Address: Brookfield, Mo. Date signed 3/31 1943

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1943

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 Darr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.