

S. No. 2
M-542
V. 5-17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14728

State File No. _____

Registrar's No. 52

Registration District No. 283

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 351 days
(Specify whether _____)

In this community 351 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Lorine Turnbough

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

4. Sex Female 5. Color or race white

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 Nov. 17 1922
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 11 minute 41 A.M.

21. I hereby certify that I attended the deceased from April 22, 1942 to April 7, 1943
that I last saw her alive on April 7, 1943
and that death occurred on the date and hour stated above.

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

20 4 21 hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name William James Turnbough

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

14. Maiden name Paula Yount

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

Immediate cause of death Pulmonary Tuberculosis about 3 yrs. Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

13 p 1

16. (a) Informant Mr. Michael Reed Clark

(b) Address Mo. State San Mt. Vernon Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation COURTIS CEN.

18. (a) Signature of funeral director Geo. O. Ladd

(b) Address Quaker Mo.

19. (a) 4-15-43 (Date received local registrar) (b) Wally Crawford (Registrar's signature)

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 Esther E. Coffman (M. D. or other) _____

Address Mo. State Sanatorium Date signed 4-7-43

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

13 (Licensed Embalmer's Statement on Reverse Side) Wm. Vernon Mo.

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. 418/43
working under my personal supervision.

Signed Geo. P. Lumbel

Licensed Embalmer No. 3475

P. O. Address Inton, 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.