

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15089

State File No.

Registration District No. 273

Primary Registration District No. 5917

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural St. Marys
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Willie C. Turlin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie Turlin 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased October 2 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 6 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Frank Turlin
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Blane
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Turlin
(b) Address Perryville Mo. Star R.
17. (a) Burial (b) Date thereof 4-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 4-24-43 (b) John J. Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1943 hour 1 minute P M.

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

Immediate cause of death Suicide
Gun shot wound

Due to.....
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) Suicide
(b) Date of occurrence Apr 22 43
(c) Where did injury occur? Perry Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. E. L. L. L. (M.D. or P.D.)
Address Perryville Mo Date signed 4-24-43

RECEIVED

District Health Officer No. 4
District File Number 543-2099
Date Filed 5-1-43

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

Licensed Embalmer No.

P. O. Address.

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.