

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42802

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(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 50 Years
In this community 50 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Benjamin Franklin Turpin

3. (b) If veteran, name war: - - - - - 3. (c) Social Security No. 327-05-1647

4. Sex Male 5. Color or face Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Turpin 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased December 31st 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Foundry

12. Name Franklin Turpin
13. Birthplace Marion County Missouri
14. Maiden name Emma Newman
15. Birthplace Monticello Missouri

16. (a) Informant Eva Turpin
(b) Address La Grange, Missouri

17. (a) Burial (b) Date thereof 12/2/43
(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director
(b) Address La Grange, Missouri

19. (a) Dec 1, 1943 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29 year 1943 hour 11 minute 45 PM
21. I hereby certify that I attended the deceased from SEPT 21 1942 to NOV 29 1943

that I last saw him alive on NOV 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS
CHRONIC NEPHRITIS
DUE TO PYORRHEA ALVEOLARIS

Due to
Due to

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. L. Ellinger M.D.
Address La Grange Mo Date signed 12/1/43

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

0196

56
2
5

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

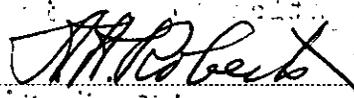
1318

987

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.....

..... **A.A. Roberts**, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. **1626**

P. O. Address..... **La Grange, 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.