

FILED MAY 23 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4208

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Cainsville  
(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 All life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Phillip Sheridan Turrell

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

4. Sex Male 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 November 9, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Miller

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

MOTHER FATHER

12. Name James C. Turrell

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

14. Maiden name Annie Beardsley

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

16. (a) Informant Grace Turrell

(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cainsville, Missouri

19. (a) April 11-44 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41  
(c) City or town Cainsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1944 hour 11 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from April 5th  
1944 to April 8 1944;  
that I last saw him alive on April 8 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration \_\_\_\_\_  
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) \_\_\_\_\_  
(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 [Signature] (M. D. or Ch. D.)  
Address Cainsville, Missouri Date signed 4/8/44

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

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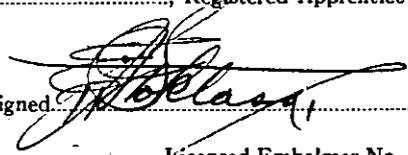
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 1/1/

Eddie J. Stoklasa, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Gainesville, 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.**