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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18693

Registration District No. 222 Primary Registration District No. 5724 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: "Rural" Moreau Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED: 68
(a) State: Missouri (b) County: Moniteau
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: 10 miles S.E. Tipton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

3. (a) PRINT FULL NAME: Bertha A. Turpin
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John G. Turpin
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: January, 9th. 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 22 If less than one day hr. min.

9. Birthplace: Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: John Wesley Albin
13. Birthplace: -- Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lettie Ann Vaughn
15. Birthplace: Cooper County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: John G. Turpin (Husband)
(b) Address: Clarksburg, Mo. Rt 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarksburg, Mo.
18. (a) Signature of funeral director: Jennie E. Richards
(b) Address: Tipton, Mo.
19. (a) 5/3-1944 (Date received local registrar) (b) Jennie M. Needels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: First year: 1944 hour: 5 minute: 50 A.M.
21. I hereby certify that I attended the deceased from 3-1-40, 19..., to 5-1-44, 19...; that I last saw h. alive on 5-1-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Breast	3 mo
Due to: Carcinoma of Breast	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Ca of Breast
Of autopsy: None

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:
23. Signature: H. O. Hume (M. D.)
Address: Tipton Mo Date signed: 5-1-44

734

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-7-44

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Jerome E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton Iowa

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.