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34958

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 25 1944
Registration District No. 236

Primary Registration District No. 4351

Registrar's No. 38

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

1. PLACE OF DEATH: MORGAN
 (a) County MORGAN
 (b) City or town BARNETT
 (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 none
 (Specify whether _____)
 In this community Lifetime
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MORGAN
 (c) City or town BARNETT
 (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 _____

3. (a) PRINT FULL NAME ROSS-P. TURPIN
 3. (b) If veteran, name war World War I
 3. (c) Social Security No. 500-10-5714

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 1
 year 1944 hour 1 minute A. M.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife NORA-TURPIN
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased Nov. 28 1891
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7-44
 1944, to Oct 1-1944
 that I last saw him alive on Sept 30 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>3</u>	- hr. - min.

Immediate cause of death Cerebral Hemorrhage Duration 5 hrs.
Hypertension Essential Several years

9. Birthplace MORGAN-Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation LABORER

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name JAMES-TURPIN
 13. Birthplace MORGAN-Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name OLLIE-BOND
 15. Birthplace MORGAN-Co Mo
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Nora Turpin
 (b) Address Barnett Mo
 17. (a) BURIAL (b) Date thereof OCT 3-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cem.

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 _____

18. (a) Signature of funeral director Keith M Kaye
 (b) Address Eldon Mo
 19. (a) 10-2-1944 (b) Roy Bergheser
 (Date received local registrar) (Registrar's signature)

23. Signature A. J. Gunn (M. D. or other)
 Address Versailles Mo Date signed 10-2-44

60
19-45

OCT 27 1944

OCT 26 1944

JAN 26 1945

616 1944

RECEIVED

Director Health Officer No. 7,

License No. Number 9-44-1189

10-24-44

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Luth M. Fays
7 . Licensed Embalmer No. 3998
P. O. Address Eldon 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.