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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2882**

FILED JAN 16 1945

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **411**

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

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1603 Grace Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **39 years**
years, months or days

3. (a) PRINT FULL NAME **John Kenneth Turnbull**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **190-07-8875**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mable Turnbull** 6. (c) Age of husband or wife if alive **59 years**

7. Birth date of deceased **Sept 28 1884**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **17** If less than one day
hr. min.

9. Birthplace **Nova Scotia, Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber; Steam Fitter**

11. Industry or business **L. H. Prentiss Const. Co.**

12. Name **James Turnbull**

13. Birthplace **Unknown, Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Jesse A**

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

16. (a) Informant **Mrs. Mable Turnbull**

(b) Address **1603 Grace St.**

17. (a) **Burial** (b) Date thereof **12-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand View**

18. (a) Signature of funeral director **Roy P. Schwartz**

(b) Address **Hannibal, Mo.**

19. (a) **12-29-44** (b) **R. H. Connor**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **1603 Grace**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15**
year **1944** hour **11:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **July 5**
1944 to **December 15**, **1944**
that I last saw him alive on **Dec. 15**, **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Chronic with degeneration** 10 yrs
Due to **Cause undetermined**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
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 **Frederic B. Spencer** (M. D. or other)
Address **1160 Market Hannibal Mo** date signed **12/28/44**

1140

(Licensed Embalmer's Statement on Reverse Side)

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

Frank W. Lubens

Licensed Embalmer No. *4110*

P. O. Address

Hannibal, 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.