

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34851

State File No. _____

FILED NOV 7 1945

Registration District No. 341

Primary Registration District No. 3025

Registrar's No. 28

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dexter
 (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 _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard 103
 (c) City or town Dexter 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN ANDREW TURLINGTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 4
 year 1945 hour 4 minute 25 P.M.

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Effie G. Turlington 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: July 8 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3rd 1945 to Oct 3rd 1945
 that I last saw him alive on Oct 3rd 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 2 26 _____ hr. _____ min.

Immediate cause of death: myocardial
 Duration _____

9. Birthplace: Cape Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Retired

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name: Jack Turlington
 13. Birthplace: Obion Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Mary Clubb
 15. Birthplace: Cape Co. Mo.
 (City, town, or county) (State or foreign country)

Major findings: Of operations: 9/20
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Will Turlington
 (b) Address: Dexter, Mo.
 17. (a) Burial (b) Date thereof: 10-6-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Stanfield Cemetery
Blankenship-Strickland
 18. (a) Signature of funeral director: _____
 (b) Address: Dexter, Mo.
 19. (a) 10-9-45 (b) Mora Smith
 (Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____
 23. Signature: M. Cannon (M.D. or other)
 Address: Dexter Mo. Date signed: Oct 8-45

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

3
3
1

RECEIVED

District Health Office No. 2

District File Number 1145-33216

Date Filed 11-6-45

NOV 9 1945

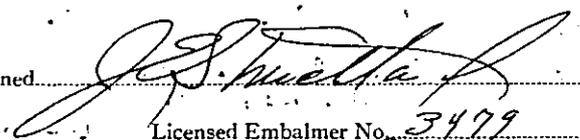
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3479

P. O. Address Hyattsville, Md

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.