

FILED JAN 25 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(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 11 (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Bowling Green (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 Jarvis Lee Turpin

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm Turpin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14 - 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Near Cyrene (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____
12. Name Steven D. Fisher
13. Birthplace Woodstock Va. (City, town, or county) (State or foreign country)
14. Maiden name Alice Hall Fisher
15. Birthplace Clarksville Mo (City, town, or county) (State or foreign country)

16. (a) Informant H. L. Fisher

(b) Address Kookuk Iowa

17. (a) Burial (b) Date thereof Jan 1 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green

18. (a) Signature of funeral director W. B. Emore

(b) Address Bowling Green

19. (a) Jan 19, 1946 (b) Bill Robinson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 40 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 44 _____, 19____, to 12/31 _____, 19____
that I last saw him a alive on 12/30 _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sclerosis Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations A

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) (Means of injury)

23. Signature W. B. Emore (M. D. or other) _____

Address Bowling Green Mo (Date signed) _____

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

FEB 27 1946

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.....

H. B. Emore

Licensed Embalmer No.....

3766

P. O. Address.....

Bowling Green

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.