

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

21066

FILED JUL 11 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 5917

1. PLACE OF DEATH:

(a) County: Perry  
(b) City or town: Rural St. Marys  
(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

3. (a) PRINT FULL NAME

Raymond Henry Turlin

3. (b) If veteran, name war

3. (c) Social Security No. None

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased: June 8 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 hr. min.

9. Birthplace: Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name: Clarence Turlin  
13. Birthplace: Perry Co; Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name: Hilda Duvall  
15. Birthplace: Perry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Clarence Turlin

(b) Address: Silver Lake Mo.

17. (a) Burial (b) Date thereof: 6-9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Silver Lake Mo.

18. (a) Signature of funeral director: Younger & Sons

(b) Address: Perryville Mo.

19. (a) June 9-46 (b) Jos. J. Zolner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 79  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 8  
year: 1946 hour: minute: M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on June 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Failure of foramen ovale  
of heart to close  
Due to:  
Due to:

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

Duration

1 hr.

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: Ch. Wiedman (M. D. or other) DO  
Address: Perryville, Mo. Date signed: 6-10-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. <sup>4</sup>.....  
District File Number 746-2365  
Date Filed 7-10-46

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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.....

P. O. Address.....

**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.**