

Registration District No. **38** Primary Registration District No. **3006**

**1. PLACE OF DEATH:**  
 (a) County **Boone**  
 (b) City or town **Columbia**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1214 E. Ash St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **43 Years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Boone**  
 (c) City or town **Columbia**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1214 E. Ash St.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **JOHN GETTIS TURNBOUGH**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Montie Craigler Turnbough** 6. (c) Age of husband or wife if alive **1** years  
 7. Birth date of deceased **2-1-1862**  
 (Month) (Day) (Year)

**8. AGE:** Years **84** Months **6** Days **15** If less than one day hr. min.

9. Birthplace **Monroe County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

**MOTHER FATHER** { 12. Name **Isaac Turnbough**

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

14. Maiden name **Elizabeth (Unknown)**

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

16. (a) Informant **Archie Turnbough**  
 (b) Address **Missouri**

17. (a) **Burial** (b) Date thereof **8-19-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Palmer Funeral Service**  
 (b) Address **Columbia, Mo.**

19. (a) **Aug 19 1946** (b) **Mrs R.E. Palmer**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Aug.** day **16**  
 year **1946** hour **5** minute **45** P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Unknown**  
 Duration

Dug to **Some farm of heart ailment**  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **150**  
 Of autopsy **none**  
**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 **E. J. Ward** **Coroner 3**  
 Address **Columbia Mo.** Date signed **11/19/46**

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

25113

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-19  
Date Filed 9-2-46

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.