No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9147

FILED MAR 29 1948

Registration District No. 155 — Primary Registration District No. 3127 — Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City
(If outside city or town limits, write "RURAL")
(d) Street No.: 614 N. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Patsy Ann Turpen
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
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 alive: years
7. Birth date of deceased: Feb. (Month) 14 (Day) 1948 (Year)

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

9. Birthplace: Webb City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: CHILD
11. Industry or business:
MOTHER FATHER
12. Name: Raymond M. Turpen
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Mabel Hays
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond M. Turpen
(b) Address: 614 N. Main-Webb City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cem.
18. (a) Signature of funeral director: JOHNSTON-ARNCE-SIMPSON MORTUARY
(b) Address: 26 S. Roane — Webb City, Mo.
19. (a) FEB. 17, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 15 year: 1948 hour: 11 minute: 30 P M.
21. I hereby certify that I attended the deceased from February 14, 19 48, to February 15, 19 48 that I last saw her alive on February 15, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Patent Foramen ovale	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: P. B. Munson (M. D. or other) M. D.
Address: Webb City Mo Date signed: 2-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-162

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Harvey E. Grace

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.