

FILED APR 5 1948

Primary Registration District No. 3038

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
410 N. Monroe St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County Linn 58

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 410 N. Monroe St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Osee Turpin

3. (b) If veteran, name war None

3. (c) Social Security No. 707-07-6694

MEDICAL CERTIFICATION

20. DATE OF DEATH: Year 1948 Month March day 19
hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3 1948 to 3-19 1948
that I last saw him alive on 3-19 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nora Logue 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: February 8, 1881
(Month) (Day) (Year)

Immediate cause of death: Myocardiosis 10 days

Due to: Carcinoma of liver 1 year

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>11</u>	hr. min.

Due to:

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

Major findings: None

Of operations: None

Of autopsy: None

PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

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

10. Usual occupation: Freight clerk, ret.

11. Industry or business: C. B. & Q. R. R.

MOTHER FATHER } 12. Name: Marcellus Turpin

13. Birthplace: Mercer Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Mallissa May Stanturf

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

16. (a) Informant: Mrs. Nora Turpin
(b) Address: Brookfield, Mo.

17. (a) Burial (b) Date thereof: Mar. 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Harold B. Wright
(b) Address: Brookfield, Mo.

19. (a) 3-20-48 (b) Walter B. Brown
(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?
While at work? ✓ (Specify type of place) (e) Means of injury: 9.

23. Signature: W. B. Brown (M. D. or other)
Address: Brookfield Mo Date signed: 3/19

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

APR 2 1948

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 _____

Harold B. Wright

Licensed Embalmer No. _____

3918

P. O. Address _____

Brookfield 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.