S. No. 2
M—1/47
y. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

Registration District No. 926

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4338

State File No. 40847

Registrar's No. 42

69 1 3

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town MONROE CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 135 FIRST STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MONROE
(c) City or town MONROE CITY (If outside city or town limits, write "RURAL")
(d) Street No. 135 FIRST STREET (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ..

3. (a) PRINT FULL NAME James Henry Turpin
3. (b) If veteran, name war World War I ONE
3. (c) Social Security No. ..
4. Sex Male
5. Color or race WHITE
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie ELLEN
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased NOVEMBER (Month) 19TH (Day) 1894 (Year)

8. AGE: Years 54 Months .. Days 20 If less than one day .. hr. .. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ..
FATHER 12. Name William B. Turpin
13. Birthplace Snow Hill (City, town, or county) Virgina (State or foreign country)
MOTHER 14. Maiden name Melissa McReynolds
15. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jessie E. Turpin
(b) Address Monroe City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Jupes Monroe City
18. (a) Signature of funeral director Wilson & Son's
(b) Address MONROE City Missouri
19. (a) 12-11-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9TH year 1948 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from AUG 1 1945 to DEC 9TH 1948 that I last saw him alive on DEC 9 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARCINOMA of SOB MAXILLARY GLAND with METASTASES	24 yrs
Due to: TO LUNG and CHEST WALL	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation: CARCINOMA	
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) no
(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? (Specify kind of place) By what means of injury ..

23. Signature John Fitch (M. D.)
Address Monroe City Mo Date signed 12/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1949

JAN 7 1949

RECEIVED
District Health Officer No. 10
District File Number 12-48-2159
Date Filed DEC 13 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 Charles O. Greening Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.