

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1944

Registration District No. 365-

Primary Registration District No. 6240

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Hannay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tyng
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME

Lewis J. Turnbough

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M. O

5. Color or

race W

6. (a) Single, widowed, married,

2 divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 6 years

7. Birth date of deceased

Sept
(Month)

06
(Day)

1859
(Year)

8. AGE:

Years

Months

Days

If less than one day

84

4

8

hr. min.

9. Birthplace

Crawford
(City, town, or county)

0 Crawford
(State or foreign county)

10. Usual occupation

Famer

11. Industry or business

MOTHER FATHER

12. Name

William Turnbough

13. Birthplace

Tenn.
(City, town, or county)

Tenn.
(State or foreign county)

14. Maiden name

Mary Catrell

15. Birthplace

Crawford
(City, town, or county)

Co. Mo.
(State or foreign county)

16. (a) Informant

John E. Turnbough

(b) Address

Quaker Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Jan. 16. 44
(Month) (Day) (Year)

(c) Place: burial or cremation

Funerary Cemetery

18. (a) Signature of funeral director

C. L. Spahr

(b) Address

Patoka Mo.

19. (a)

131-444
(Date received local registrar)

(b)

Collo White
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural 110
(If outside city or town limits, write "RURAL")
(d) Street No. Near Quaker 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1944 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 71-20, 1943 1-14, 1944
that I last saw him alive on 1-4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial

Due to

Due to

Other conditions (Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

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 J. P. Yerger (M. D. or other)

Address Frontale Date signed 1-24-44

RECEIVED

District Health Officer No. 4
District File Number 244-3334
Date Filed 2-2-44

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

Everett Sparks

Licensed Embalmer No. 4287

P. O. Address

Flot Ruesig

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.