

STANDARD CERTIFICATE OF DEATH

State File No. **27834**

FILED SEP 13 1940
26

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County Andrain

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

(c) Name of hospital or institution: Andrain
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community all her life

3. (a) PRINT FULL NAME DOROTHY MAE TURNBOUGH

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
----------------------	-------------------------------	---

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 11 1932
(Month) (Day) (Year)

8. AGE: Years <u>8</u>	Months <u>0</u>	Days <u>5</u>	If less than one day _____ hr. _____ min.
------------------------	-----------------	---------------	---

9. Birthplace Mexico No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Frank Turnbough

13. Birthplace Andalusia No. 0
(City, town, or county) (State or foreign country)

14. Maiden name Opal Lovelace

15. Birthplace Bellflower No. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Turnbough

(b) Address Farber No. 8-18-1940

17. (a) Burial (b) Date thereof 8-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo.

18. (a) Signature of funeral director W. S. Waters

(b) Address Andalusia, Missouri

19. (a) August 16 1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1940 hour 6:1 minute P M.

21. I hereby certify that I attended the deceased from Aug 16 1940 to Aug 16 1940
that I last saw her alive on Aug 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis Duration 7 Days

Due to Following Enteritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 170 P

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? 23

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W K McCall (M. D. or other) _____

Address Madonna, Mo. Date signed 9-17-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-40-1754

Date Filed SEP 10 1940

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 W B Waters

Licensed Embalmer No. 3325

P. O. Address Wendellville

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.