

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38864**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **203**

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25
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **FILED DEC 11 1940**

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1209 Sophia St., Carthage.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 12 Years
years, months or days)

8. (a) PRINT FULL NAME MYRTLE TURRELL
 8. (b) If veteran, name war None
 8. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Turrell
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Mar. 18, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 7 17 _____ hr. _____ min.

9. Birthplace Seymour, Ind.:
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ira L. Davis
 13. Birthplace Ind.
(City, town, or county) (State or foreign country)
 14. Maiden name Sadie Brooks
 15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Ira L. Davis
 (b) Address 1209 Sophia St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-40
(Month) (Day) (Year)
 (c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.

19. (a) Nov. 7, 1940 (Date received local registrar) (b) E. J. McEntire, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 1209 Sophia St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th,
 year 1940 hour 7:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 29, 1940, to Nov 4, 1940;
 that I last saw her alive on Nov 4, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart
Myocardial degeneration
Rheumatism precipitated by labor

Due to Myocardial degeneration 30 days
 Due to Rheumatism 8 years

Other conditions Precipitated by labor
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 930
 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? _____

865 (Specify type of place) While at work (e) Means of injury
 23. Signature R. A. Anstee (M. D. or other) !
 Address Carthage Mo Date signed Nov 6, 40

40-12-646

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 *Ernest L. Street*

Licensed Embalmer No. *3914*

P. O. Address *Bartholomew*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.