

S. No. 2
-11-10-39
-5-17-39
#1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17714

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
703 North Main
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dunklin
 (c) City or town Kennett
(If outside city or town limits, write "RURAL")
 (d) Street No. 703 North Main
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Joseph L. Turberville

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Turberville 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 12 - 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 26 If less than one day
 hr. min.

9. Birthplace Berlin mo
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Lafate Turberville

13. Birthplace Kennett
(City, town, or county) (State or foreign country)

14. Maiden name unknown
(City, town, or county) (State or foreign country)

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Turberville

(b) Address Kennett, mo. 703 N. Main

17. (a) Burial (b) Date thereof 5-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director S. Simpson, Berwind 2nd
 (b) Address 11 Commercial, Mo.

19. (a) 5-10-41 (b) Therese Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 9
 year 1941 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 10 1941, to May 9 1941,
 that I last saw him alive on May 9 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy no

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. Signature Joseph L. Turberville (M. D. or other) MD
 Address Kennett Date signed 5-10-41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2,

District File Number 641-996

Date Filed 6/11/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.