

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29574

Registration District No. 838

Primary Registration District No. 4509

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. Dexter
(If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Augst day 29
year 1941 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from
July 31 to Aug 29 1941
that I last saw him alive on Aug 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of uterus

Duration

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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) 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?

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

23. Signature J. S. Davis (M. D. or other) ✓
Address Dexter Mo Date signed Aug 31 41

3. (a) PRINT FULL NAME Minnie Taylor Turlington
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John A. Turlington 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 1883
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
58 7 19 hr. min.
9. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business.....
12. Name Jeff Taylor
13. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Ellis
15. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Wm. A. Turlington
(b) Address Dexter, Mo.
17. (a) Burial (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarkton, Co. Blankenship-Strickland
18. (a) Signature of funeral director.....
(b) Address Dexter, Mo.
19. (a) 9. 6 1941 (b) Jessie Beaton
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

RECEIVED
District Health Office No. 2,
District File Number 941-1252
Date Filed 9/21/41

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.