

FILED AUG 11 1944

State File No.

Registration District No. 9

Primary Registration District No. 5330

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Crawford

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

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

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

In this community 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Viburnum (Osage Township)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Columbus Turnbough

3. (b) If veteran, name war World War I

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 Lura

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 21, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Turnbough

13. Birthplace Crawford Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Creig

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

16. (a) Informant Mrs. Henry C. Turnbough

(b) Address Viburnum, Missouri

17. (a) Burial (b) Date thereof 7-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sellers Cemetery

18. (a) Signature of funeral director Thomas S. Halber

(b) Address Steelville, Missouri

19. (a) 7-19-44 (b) E. E. Beitz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1944 hour 8: minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct. 25, 1943 to July 6, 1944 that I last saw him alive on July 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkin's Disease (Lymphogranulomatosis)

Duration 1 yr.

Due to _____

Due to _____

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

Major findings: 448

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)

23. Signature William D. Foley (M. D. or other) _____
Steelville MO Date signed 7/18/44

28000

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

46
22/44

JUL 25 1961

JUN 24 1961

(Director's Office)

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 *Thomas S. Hulbert*

Licensed Embalmer No. *4332*

P. O. Address *Steleville, Mo.*

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.