S. No. 2
M—2-43
v. 5-17-39
I X35697

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

3524

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4495

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Vandalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 413 North Lindell St. 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrain 4
(c) City or town: Vandalia Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 413 North Lindell St. 1
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SUSIE JANE TURNBULL
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: Robert Turnbull
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Nov. (Month) 24 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
83	1	11	hr. min.

9. Birthplace: Everit Kansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Snodgrass
13. Birthplace: Ohio 1 (City, town, or county) (State or foreign country)
14. Maiden name: Not Obtainable
15. Birthplace: Not obtainable 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Sam Taylor
(b) Address: Roadhouse Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 7-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Vandalia Cemetery
18. (a) Signature of funeral director: Glen E Smith
(b) Address: Vandalia, Mo.
19. (a) Jan 7 1946 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1946 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 11/26 1945 to 1/5 1946 that I last saw h alive on 1/5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2 yrs.
Due to Generalized atherosclerosis	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: Thos. L. Sawyer, M.D. (M. D. or other)
Address: Vandalia, Date signed 1/7/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-264
Date Filed FEB 25 1946

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 Clyde E. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Ind.

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.