

FILED NOV 12, 1946
Registration District No. _____

Primary Registration District No. 5589

State File No. _____

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town rural -- Union township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 3, Carthage, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 41 years (Specify whether years, months or days)
In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME ELLA MAY TURK

3. (b) If veteran, name war none
3. (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 Elza Turk
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: April 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 1 hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Rufus Hodges

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

14. Maiden name Elizabeth French

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

16. (a) Informant Mr. Elza Turk
(b) Address Route 3, Carthage, Mo.

17. (a) burial (b) Date thereof Nov. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 11-1-46 (b) A. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1946 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct 21, 1946, to October 31, 1946;
that I last saw her alive on Oct 30, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac & respiratory failure
Due to cerebral hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 3A
Of operations _____
Of autopsy _____

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)
(e) Means of injury 2

23. Signature J. E. Kellans (M. D. or other) RO
Address Jacoxie, Mo. Date signed 12/31/46

Duration

36 hrs

10 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

134

46-11-912

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..... *Emma R. Knell*

Licensed Embalmer No. *391*

P. O. Address..... *Cartage*

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.