

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26092
Registrar's No. 71

Registration District No. 139 Primary Registration District No. 4229

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Maitland
(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)
In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Maitland Mo
(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 Seth Turpin
3. (b) If veteran, name war no 3. (c) Social Security No. _____
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Ezzie Palmer Turpin
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 20 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 9 year 1948 hour 11 minute 25
21. I hereby certify that I attended the deceased from Jan 12 1948 to Aug 9 1948
that I last saw him alive on Aug 19 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 2 19 hr. min.

Immediate cause of death Spinal Curvature
Due to Injured at a point
Due to age 12

9. Birthplace Parker Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation carpenter

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER, FATHER
11. Industry or business _____
12. Name Johnathon Turpin
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Hall
15. Birthplace Fillmore Mo. 0
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Seth Turpin
(b) Address Maitland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48
(Month) (Day) (Year)
(c) Place: burial or cremation Maitland Cem
18. (a) Signature of funeral director W. M. ...
(b) Address Marsville Mo.
19. (a) Aug 11 48 (Date received local registrar) (b) July 12 48 (Registrar's signature)

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 _____
23. Signature D. B. Perry (M. D. or other) MD
Address Maitland Mo Date signed 8-10-48

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

G M Ottensmeyer

Licensed Embalmer No.

2279

P. O. Address

Maryville, 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.