

No. 2  
A-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 9 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33593

State File No. \_\_\_\_\_

Registration District No. 234

Primary Registration District No. 5815

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Haw Creek Tw'n  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4 M. N. W. Versailles  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan <sup>7/0</sup>

(c) City or town Versailles Rural <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. 4 Miles N.W.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Wm Turpin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male (1) 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Delie Turpin

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 21 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Turpin <sup>0</sup>

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

14. Maiden name Irene Moler

15. Birthplace No Record - Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Delie Turpin

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Nov. 5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W. F. Kidwell

(b) Address Versailles, Mo.

19. Nov-5-1948 (Date received local registrar) (b) Wm. L. Rippeger (Registrar's signature) 212

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 rd  
year 1948 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from July 15, 1944, to Nov 3, 1948,  
that I last saw him alive on Nov 1, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke for inability to swallow food - Cerebral Hemorrhage of eye

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration 7 or 3 Mts

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) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Nashburn (M. D. or other) MD  
Address Versailles Mo. Date signed 11/5/48

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

RECEIVED

District Health Officer No. 7

District File Number 12-48-1294

Date Filed 11-8-48

---

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.....  
*E. H. Barton*

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.