

Registration District No.

431-17

Primary Registration District No.

3023

Registrar's No.

78

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 36 yrs

3. (a) PRINT FULL NAME Edmeda Terrance

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 Widow

6. (b) Name of husband or wife Isaac K. Terrance 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr - 4 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William Bradley

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Wheeler

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. E. Jones

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof June 6 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem

18. (a) Signature of funeral director Spreeney-Phillips

(b) Address Warrensburg, Mo

19. (a) June 6 '48 (b) Ernie Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 8:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 17, 1940, to June 4, 1940
that I last saw her alive on June 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____

Due to _____

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

Major findings: _____
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 _____

23. Signature Ch. Munn M.D. (M. D. or other) _____

Address Warrensburg, Mo Date signed June 4, 1948

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-16-40

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.....

.....*Earl Priest*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Earl Priest*.....

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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, above space should be left blank.