

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22707

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716
(b) Township Tavern Primary Registration District No. 5945 Registered No. 9
(c) City Near Crocker (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ora Belle Teeple 141
(a) Residence, No. Near Crocker, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Elmer Teeple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Marshfield, Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME William H. Scott

14. BIRTHPLACE (CITY OR TOWN) Marion County, Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary E. Daley

16. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY) Missouri.

17. INFORMANT John Elmer Teeple (ADDRESS) Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem. DATE June 11, 1938

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS (ADDRESS) Crocker, Mo.

20. FILED June 27, 1938 N. J. Hall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 to June 9, 1938
I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Rectum Date of onset 1-2-38

Other contributory causes of importance:

Multiple Abdominal Hernias

Name of operation Gastrostomy Date of 2/27/38What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. D. Hill, M. D.

643 (Address) Crocker, 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, on June 9,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address

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.