

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

26020
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Warrensburg Primary Registration District No. 3523 Registered No. 91
 (c) City Warrensburg or Warrensburg (d) Street No. Oak Hill Sanitarium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Dale Terrell (10461)

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) Warrensburg (STATE OR COUNTRY) Missouri

FATHER

13. NAME Earl Arthur Terrell
 14. BIRTHPLACE (CITY OR TOWN) Holden (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ardell Alden
 16. BIRTHPLACE (CITY OR TOWN) S. Dakota (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. E. Terrell
Holden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Aug 1, 1939

19. FUNERAL DIRECTOR (NAME) W. Goodman (ADDRESS) Holden Mo

20. FILED Aug 1, 1939 Eva Penning Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-31-1939, to 7-31-1939.
 I last saw him alive on 7-31-1939. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Failure of closure of abdominal wall (fetal abnormality)
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation no Date of _____
 What test confirmed diagnosis? spec 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. F. Penning, M. D.
 391 (Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 6/4/39

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 T. M. Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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.