

N. B.—Every item of information should be carefully studied. 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.

JAN 8 1940
Registration District No. 31

Primary Registration District No. 5045A

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural McDonald
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town _____
(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.

3. (a) PRINT FULL NAME Ella Terry 600

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eli C. Terry 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 27 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Buchanan 9

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Crane

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eli Terry

(b) Address Purdy, Mo.

17. (a) burial (b) Date thereof Dec. 17 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnhart Cemetery

18. (a) Signature of funeral director Blankenship

(b) Address Monett Purdy Mo. 32.

19. (a) Dec. 22, 1939 (b) Ronald Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1939 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 13
1939 to Dec 14 1939
that I last saw her alive on Dec 14 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 hrs
Duration
Due to Diabetes Mellitus
(Several year duration)
Due to _____

Other conditions 54
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER

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)
Means of injury _____

28. Signature J. D. Baldwin (M. D. or other) 3
Address Purdy Date signed 12-18-39

RECEIVED

District Health Officer No. 6,

District File Number 140-23

Date Filed JAN 4 1940

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 L. H. Blankenship

Licensed Embalmer No. 2399

P. O. Address Monett, 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.