

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26552**

Registration District No. **887** Primary Registration District No. **4538** Registrar's No. _____

1. PLACE OF DEATH
(a) County **Washington**
(b) City or town **Potosi Mo.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Adelia Belle Terrell**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **7** 5. Color or race **w.** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **John T. Terrell** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 11 - 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **7** Days **16** If less than one day hr. min.

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

10. Usual occupation **Housekeeping**

MOTHER FATHER
11. Industry or business
12. Name **J. E. Nally**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Terrell**
(b) Address **To To Si Mo.**

17. (a) **Burial** (b) Date thereof **7-29-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hopewell Mo.**

18. (a) Signature of funeral director **G. B. Boyer - Law**
(b) Address **To To Si Mo.**

19. (a) **Aug 1-40** (b) **G. F. Cassene**
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Wash**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27** year **1940** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **July 22** 19**40** to **July 27** 19**40** that I last saw him or alive on **July 26** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **following convulsions**
Due to **from cerebral hemorrhage**

Other conditions: (Include pregnancy within 6 months of death)
Major findings: **which began 7/27/40**
Of operations _____

Of autopsy **108**

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? **808**

23. Signature **J. Terrell** (M. D. or other) **1**
*Address **Potosi** Date signed **7/29/40**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 _____

Licensed Embalmer No. 41158

P. O. Address Potosi 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.