DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38191

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1225

DEC 10 1940

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

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years, 4 mos 16 days (Specify whether years, months or days)
In this community 9 yrs 4 mo. 16 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Daviess
(c) City or town: Jamesport (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: ESLEY TERRY
3. (b) If veteran, name war: —
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Divorced (Maude Bowers)
6. (c) Age of husband or wife if alive: About 54 years
7. Birth date of deceased: ? ? 1883 (Month) (Day) (Year)

8. AGE: Years: About 57 — Months: ? — Days: ? — If less than one day: ____ hr. ____ min.

9. Birthplace: Daviess County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Alexander Terry
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Morgan
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: State Hospital Records
(b) Address: St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Jamesport Mt. Scotland Cem
18. (a) Signature of funeral director: O. L. Peterson
(b) Address: Jamesport Mo
19. (a) Nov. 22-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1940 hour (9:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Nov 22, 1940, that I last saw him alive on Nov 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: He was a mentally deficient Epileptic
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: —

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other) M.D.
Address: State Hosp. #2 St Jo Mo. Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

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 O. L. Robenson

Licensed Embalmer No. 3244

P. O. Address Jonesport Me

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, fact should be so stated above.