

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42212

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 315

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days (Specify whether years, months or days) 1.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT
(c) City or town SALEM
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME BRENDA JOYCE TEVERBAUGH

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 15 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation NONE

11. Industry or business 1

12. Name JOHN RALPH TEVERBAUGH 'D

13. Birthplace WOODWARD OKLAHOMA (City, town, or county) (State or foreign country)

14. Maiden name ELECTA EMORY

15. Birthplace SALEM, MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant FATHER MR. J. R. TEVERBAUGH

(b) Address SALEM, MISSOURI

17. (a) Funeral (b) Date thereof 12-4-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Mo.

18. (a) Signature of funeral director C. K. Spencer

(b) Address Salem Mo.

19. (a) 12-3-40 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 28, 1940, 1940, to Dec 3, 1940; that I last saw her alive on Nov 3-1940 (11 am), 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Patent Ductus Arteriosus

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Jefferson City Date signed 12/3/40

Duration _____

Physician [Signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.