

Registration District No. 1753

Primary Registration District No. 5993

Registrar's No. 1729

## 1. PLACE OF DEATH:

- (a) County Ripley  
 (b) City or town Doniphan, Mo. (Union)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(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)3. (a) PRINT FULL NAME Mary C. Terry.

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

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

7. Birth date of deceased June 8 1950  
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lincoln Co. (near Troy) Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph W. Roster  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Verdere  
15. Birthplace Millwood, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Terry  
(b) Address Doniphan, Missouri

17. (a) Burial (b) Date thereof 1-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Amity Cemetery

18. (a) Signature of funeral director J. C. Jordan  
(b) Address Doniphan, Missouri

19. (a) Jan 17, 1941 (b) C. B. Houston  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ripley  
 (c) City or town Rural  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16  
year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
10-1- 1940, to 1-12- 1941;

that I last saw her alive on 1-10- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death:

Endocarditis

Duration

4 3/4 mos

Due to Arterial Sclerosis  
also Fractured hip 4 weeks  
ago.

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 sta-  
tistically.

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?  
W.H.  
 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature J. C. Adamson (M. D. or other) D  
Address Doniphan, Mo. Date signed 1-16-41

FEB 25 1941

RECEIVED

District Health Officer No. 5,

District File Number 241313

Date Filed \_\_\_\_\_

195  
99

RECEIVED  
1959

**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 \_\_\_\_\_

*not embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *W. E. Jordan*

Licensed Embalmer No. 3200

P. O. Address *Danphin*

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4055  
Registrar's No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Registration District No. 950

Primary Registration District No. 5994

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

1. PLACE OF DEATH  
(a) County Purley  
(b) City or town Zionsen Twp  
(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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Mary C Terry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 90 Months 7 Days 8 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(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 Jan day 16  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Ends Carditis Duration \_\_\_\_\_  
Due to arterial sclerosis  
Due to fractured hip 4 weeks ago  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 92 P

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) Accident  
(b) Date of occurrence December 15-40  
(c) Where did injury occur? Home in country on farm (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? no (Specify type of place) \_\_\_\_\_  
(e) Means of injury Fell because of weakness

23. Signature J. Edw. Adamson (M. D. \_\_\_\_\_)  
Address Danpham, Mo. Date signed 4-11-41

SUPPLEMENTARY

# The fall had nothing to do with  
her death. J. E. A.