No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14258

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 52

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

4
1
1

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community about 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL") 1

(d) Street No. 428 Concourse (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gertrude Teel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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 April (Month) 20 (Day) 1879 (Year)

8. AGE: Years 61 Months 11 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Ill (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Amin C. Teel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Annie M. Hanthorne
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank L Hull
(b) Address Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Indianola, Nebraska

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) April 4-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from 4-1-41, 19__, to 4-2, 1941 that I last saw her alive on 4-2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident — Duration 14 hours

Due to

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 Frederick L Robinson (M. D. or other) M.D.
Address Excelsior Springs Mo. Date signed 4/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 5-6-41
Date Filed

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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, fact should be so stated above.