

FILED SEP 26 1941

Registration District No. 104

Primary Registration District No. 3008 ✓

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fullon Callow
 (c) Name of hospital or institution: State Hosp. # 2
 (d) Length of stay: In hospital or institution since Dec. 22-1937
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
 (c) City or town Hamburg
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Eliza Teeters

3. (b) If veteran, name war _____ 3. (c) Social Security No. AK

4. Sex Female 5. Color or race negro
 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 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
about 74 ? ? hr. min.

9. Birthplace St Charles Co. D
 (City, town, or county) (State or foreign country)

10. Usual occupation Home maid

11. Industry or business

MOTHER FATHER { 12. Name Fred Green
 13. Birthplace N.K. G
 14. Maiden name N.K. G
 15. Birthplace A.K. G

16. (a) Informant In complete hospital records
 (b) Address _____

17. (a) Removal (b) Date thereof 8 11 41
 (c) Place: burial or cremation Washington PK STL. County Mo

18. (a) Signature of funeral director Boy d Bros
 (b) Address 614 Ave, N. Bloch, Mo

19. (a) 8-11-41 (b) R.N. Crever
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
 year 1941 hour 7 minute 03 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1941, to Aug 10 1941;
 that I last saw her alive on Aug 9-1941, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death chronic myocarditis Duration _____

Due to Generalized arteriosclerosis

Due to _____

Other conditions Senile Psychosis
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy none 162a

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? _____

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

23. Signature P.S. Tate (M. D. or other) D
 Address State Hosp. # 1, Fullon Date signed 8-10-41

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

L. V. Atkins

Licensed Embalmer No. _____

P. O. Address

3644 Jimmy Ave S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31195

Registration District No. 104

Primary Registration District No. 3008

Registrar's No.

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State 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.....
years, months or days)

3. (a) PRINT FULL NAME Eliza Teeters

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased OK (Month) OK (Day) (Year)

8. AGE: Years about 74 Months Days 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) (Specify type of place)

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) Aug 11, 1941 (b) R. N. Crews
(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) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day.....
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19.....
that I last saw him/her alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Due to.....
Due to.....

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

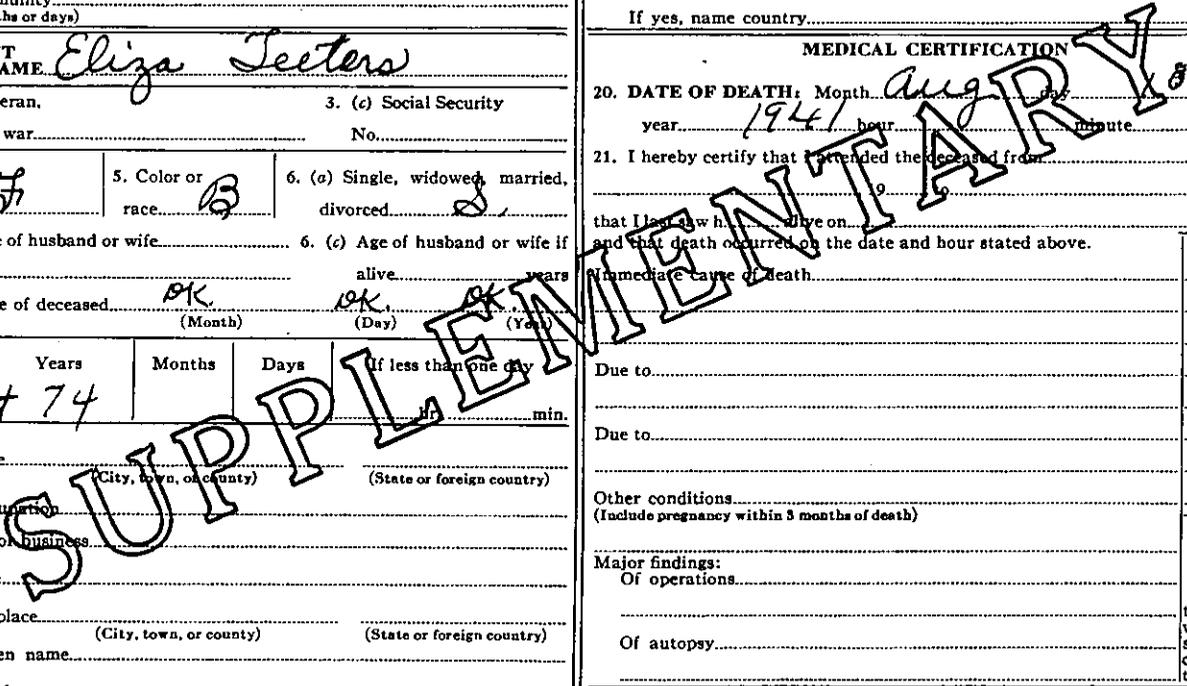
Major findings:
Of operations.....
Of autopsy.....

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?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

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



Nov. 5, 1941

1941

S-31195