

No. 2
1-4-41
17-39
X28390

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

DEC 16 1941

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
100 1/2 Pearl St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 100 1/2 Pearl St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Marguerite Terrell
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wayne Franklin Terrell 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Oct. 26, 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 0 18 hr. min.

9. Birthplace Monett, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Marshall E. Long
13. Birthplace Howell County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Shepherd
15. Birthplace Barry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marshall E. Long
(b) Address 710 8th., St., Monett, Mo.

17. (a) Burial (b) Date thereof 11-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett, Mo.

19. (a) 11-14-1941 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1941 hour 1:30 minute 4 M.
21. I hereby certify that I attended the deceased from Nov 14 1941, to Nov 14 1300 1941,
that I last saw him alive on Nov 14 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Subsidiary Bronchitis due to Acute Myocarditis
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

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? _____

23. Signature [Signature] (M. D. or other)
Address Monett, Mo. Date signed 11-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1241-1230

Date Filed DEC 11 1941

DEC 1 1941

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.....

J. D. Buchanan....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monitt 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.