

1982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1942

Registration District No. 175Primary Registration District No. 5243Registrar's No. 3

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Rural Salisbury Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 about 7 years
 (Specify whether years, months or days)
 In this community about 7 years

3. (a) PRINT FULL NAME Minor & Yvette Terry

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

4. Sex M. D. 5. Color or race W. 6. (a) Single, widowed, married, divorced W6. (b) Name of husband or wife Anna Terry 8. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 2 - 1877
(Month) (Day) (Year)8. AGE: Years 64 Months 9 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer11. Industry or business Farmer12. Name Eros John Terry13. Birthplace MO (City, town, or county) _____ (State or foreign country)14. Maiden name Hagering15. Birthplace unknown (City, town, or county) _____ (State or foreign country)16. (a) Informant's own signature T. Terry(b) Address Salisbury MO17. (a) removal (b) Date thereof 1-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Clearfield Iowa18. (a) Signature of funeral director Bob B. Bunkley(b) Address Salisbury MO19. (a) 1/18/42 (b) H. A. Ketting
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Salisbury Twp.
 (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 1942 hour 7 minute _____ M.21. I hereby certify that I attended the deceased from Oct 1 1941 to Jan 16 1942that I last saw him alive on Jan 16 1942 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral apoplexy. Duration _____Due to Chronic interstitial nephritisDue to enlarged prostate

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

Major findings: 131a _____

-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 H. A. Ketting (M. D. or other) _____Address Salisbury MO Date signed 1/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 2-9-42.....

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 *Frank A. Rumbelinger*

Licensed Embalmer No. 3981

P. O. Address *Salisbury, Md*

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.