

FILED MAR 2 1942

Registration District No. 6244Primary Registration District No. 5853Registrar's No. 2

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Loose Creek, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community 5 Months
 years, months or days)

3. (a) PRINT
FULL NAMELeo Terror3. (b) If veteran,
name war.....3. (c) Social Security
No. 486-12-42384. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife.....
Lydia A. Douglas 6. (c) Age of husband or wife if
alive 36 years7. Birth date of deceased April 5 1892
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 9 13 hr. min.9. Birthplace Carothersville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Cook11. Industry or business Resturant

12. Name Issac Terror
 13. Birthplace Carothersville, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Rudder
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant J. D. Terror
 (b) Address Joiner, Ark
 17. (a) Burial (b) Date thereof 1-21-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carothersville, Mo.18. (a) Signature of funeral director Vernon Morton(b) Address Carothersville, Mo.19. (a) Jan 21, 1942 (b) Emily H. Nalte
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
 (c) City or town Loose Creek, Mo. R D 0
 (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 January day 18
year 1942 hour 4 minute 30 P. 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 as a result Duration
of gun-shot woundsDue to coroner's jury verdict
open verdict

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict(b) Date of occurrence Jan 18, 1942(c) Where did injury occur? Loose Creek, Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home - in bed

While at work?..... (Specify type of place)

(e) Means of injury gun-shot23. Signature Dr. W. W. Walden (M. D. or other)Address Westphalia, Mo. Date signed 1/20/42

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.

30618190V

Signed Vernon Norton

Licensed Embalmer No. 4125

P. O. Address Levin M.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7424

Registration District No. 644

Primary Registration District No. 5853

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural
(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 _____ (Specify whether
In this community _____
years, months or days)

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 _____

3. (a) PRINT FULL NAME Leo Terror

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

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

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

7. Birth date of deceased apr. 5 1899
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 15 (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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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) Homicide

(b) Date of occurrence Jan. 18, 1942

(c) Where did injury occur? Henry Gethard farm - Osage, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In bed at his farm home

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

23. Signature Dr. W. W. Willmon (M. D. or other)

Address Westphalia, Mo. Date signed 4/18/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

2018 1907