. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11690

State File No.

FILED APR 15 1942

Registration District No. 701

Primary Registration District No. 4422

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: 207 West Wilcox 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 19 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Balmar, Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 207 West Wilcox St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Terry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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 Mar. (Month) 17 (Day) 1862 (Year)

8. AGE: Years 79 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Adams County (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Stephen Terry
13. Birthplace 4 England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Mills
15. Birthplace 1 Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John B. Hutcheson
(b) Address Balmar, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. (Month) (Day) 1942 (Year)
(c) Place: burial or cremation Laredo, Mo

18. (a) Signature of funeral director Erwin and Blue
(b) Address Balmar, Mo

19. (a) 3-17 42 (Date received local registrar) (b) Elvie J McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14 year 1942 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from March 8 42, 19, to March 11, 1942 that I last saw her alive on March 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 330

Major findings:
Of operations

Of autopsy

Duration

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 G D Smith (M. D. or other)

Address Balmar Mo Date signed 3/15/42

1216 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-381
Date Filed 4-13-42

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 Ballard K. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmer, 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.