

No. 2
4-13-40
5-17-39
K23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 25

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30085

State File No.

Primary Registration District No. 4114

Registrar's No.

1. PLACE OF DEATH: Chariton
(a) County Mendon Mo.
(b) City or town
(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
In this community years, months or days

3. (a) PRINT FULL NAME Electa Virginia Terry

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

4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband F.B Terry
(c) Age of husband or wife if alive 1852

7. Birth date of deceased NOV 22 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 2
If less than one day hr. min.

9. Birthplace Wabalo Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Francis Bates

12. Name Buffalo NY

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

14. Maiden name Sarah Immann

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant William Larson
(b) Address Mendon Mo.

17. (a) Burial place Nortonville Kans
(b) Date thereof Sent 26/42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Nortonville Kans

18. (a) Signature of funeral director S. J. Leiperd
(b) Address Mendon Mo.

19. (a) Date received local registrar Sept 26 1942
(b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED: Missouri Chariton 21
(a) State Missouri (b) County Chariton 21
(c) City or town Mendon Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1942 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from Oct 1st 1942 to Sept 24 1942
that I last saw her alive on Sept 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary Congestive Emphysema

Due to Emphysema

Due to

Other conditions (Include pregnancy within 3 months of death) III C

Major findings: Of operations

Of autopsy

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 H. J. Fowler (M. D. or other) R.O.
Address Mendon Mo. Date signed 9/29/42

1028 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No: 8,

District File Number _____

Date Filed 10-13-42

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 A. L. Leopold

Licensed Embalmer No. 3970

P. O. Address Mendon MA

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.