

FILED NOV 6 1942

Registration District No. 100

Primary Registration District No. 5384

Registrar's No. 78

33
0
0

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

1. PLACE OF DEATH:

(a) County Dent

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

(c) Name of hospital or institution: _____
_____ X / _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether _____)

In this community most of his life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 33

(a) State Missouri (b) County Dent

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X _____ years 0

3. (a) PRINT FULL NAME Wiley J. Teague

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed

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

7. Birth date of deceased Sept 1 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	1	22	_____ hr. _____ min.

9. Birthplace Henderson Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

12. Name Abraham Teague

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

14. Maiden name Anna Gibbs

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

16. (a) Informant Ella O. Teague
(b) Address Salem Mo

17. (a) burial (b) Date thereof Oct 25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hill Cem

18. (a) Signature of funeral director Chas. J. ...
(b) Address Salem Mo

19. (a) 10-24-42 (b) Jan D. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 1942
year 19 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6 1942 to Oct 22 1942
that I last saw him alive on Oct 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to Chronic nephritis

Due to 1/31/8

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy NO

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 J. G. ... M.D.
Address Salem Mo Date signed 10-24-42

Duration 27/4
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No 5,

District File Number 1142933

Date Filed 11-4-42

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, on

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.