

FILED NOV 13 1942
Registration District No. 153

Primary Registration District No. 4205

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Gilman City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 8 1/2 yrs 5 months 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CORDELIA TERHUNE

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

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

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

7. Birth date of deceased Feb 27 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Boudan Hart

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

14. Maiden name Olympia Braun

15. Birthplace Danvers Mo _____
(City, town, or county) (State or foreign country)

16. (a) Informant Geo S Terhune

(b) Address Preston Mo Rural

17. (a) Burial (b) Date thereof aug 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant cemetery

18. (a) Signature of funeral director W. S. Haines

(b) Address Gilman City Mo.

19. (a) Oct 3-1942 (b) John W. Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Gilman City Mo.
(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 August day 8th
year 1942 hour 9 minute 32 a.m.

21. I hereby certify that I attended the deceased from August 2nd 1942 o. any 1942
that I last saw her alive on August 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency 7 days
Due to shock from 1st throat 10 days

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

Major findings: 92 f
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 W. S. Warren (M. D. or other) _____

Address Gilman City Mo Date signed 8-21-42

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.....

W D Haines

Registered Apprentice No.

working under my personal supervision.

Signed.....

W D Haines

Licensed Embalmer No.

9-142

P. O. Address.....

Gilman City, 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.