

FILED DEC 9 1942
294

Registration District No. _____ Primary Registration District No. 3056

Registrar's No. 208

88
26
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(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 Missouri (b) County Howard

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James Robert Terrill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased: February 1918 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1942 hour 10:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Friday, November 27, 1942 to Sunday, Nov. 29, 1942
that I last saw him alive on Sunday, November 29, 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion Duration 1 week

Due to _____

Due to _____

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

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Robert Walton Terrill

13. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Anna Elizabeth Ruggle

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. A. Terrill

(b) Address Armstrong, Mo.

17. (a) burial (b) Date thereof 12/1/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Cemetery

18. (a) Signature of funeral director John B. Patton

(b) Address Huntsville Mo.

19. (a) 12/3/42 (b) Erma Hove
(Date received local registrar) (Registrar's signature)

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 John B. Patton (M. D. or other M. D.)
Address Moberly, Missouri Date signed Dec 3, 1942

RECEIVED

District Health Officer No. 10

District File Number 12-42-4001

Date Filed DEC - 7 1942

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.....

Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.