

ED APR 9 1943 9  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4397

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pemiscot

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

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 46 years (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Lonie Terry

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Melvin Terry

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased May 12, 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springton, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name James Wallace

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

14. Maiden name Martha Stratton

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

16. (a) Informant Mrs J. L. Wagster

(b) Address Cooter, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb. 15, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery, Steele, Mo.

18. (a) Signature of funeral director Shuman Undert. Co.

(b) Address Steele, Missouri

19. (a) 3-3-43 (Date received local registrar)

(b) C. C. Lumborghe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Cooter  
(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 February day 14  
year 1943 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1942 to Feb. 14, 1943; that I last saw her alive on Feb. 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular Disease (Cerebral Hemorrhage)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 P. E. Cooper (M. D. or other) M.D.  
Address Cooter, Mo. Date signed 3-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78  
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1207

3-43-186

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**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.....  
*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Gas. R. Swale*.....

Licensed Embalmer No. *3100*.....

P. O. Address.....*Blytheville Ark.*.....

**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.**