

No. 2
-5-42
5-1
X32873

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24733**
Registrar's No. **288**

Registration District No. **71** Primary Registration District No. **3012**

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **Excelsior Springs, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days**
(Specify whether
In this community **unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Ray**
(c) City or town **Lawson**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George W. Teegarden**
3. (b) If veteran, name war **World War I**
3. (c) Social Security No. **490-16-0659**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mabel Teegarden, wife**
6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **June 17 1891**
(Month) (Day) (Year)

8. AGE: Years **52** Months **0** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **Rayville, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **!!**

MOTHER FATHER
12. Name **Aaron Teegarden**
13. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Carter**
15. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records, Veterans Administration, Excelsior Springs, Mo.**

17. (a) **Removal** (b) Date thereof **7-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rayville, Mo. - Rural**

18. (a) Signature of funeral director **Herbert Hope, Undertaker**
(b) Address **Excelsior Springs, Mo.**

19. (a) **7-2-43** (b) **Mrs. J. A. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **1**
year **1943** hour **5:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 18 1943** to **July 1 1943**;
that I last saw him **alive on July 1 1943**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation and Pericardial Effusion**
Diagnoses:
Pneumonitis, chronic and Emphysema, right
Other conditions **Cardiac Hypertrophy**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **As shown above**

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)
Signature **Forest C. Bell, M. D.** (M. D. or other)
Address **Veterans Administration** Date signed **7-2-43**

Duration **unknown**
Physician **unknown**
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No: 8,

District File Number

Date Filed 8-3-43

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

James G. Moler

Licensed Embalmer No. 3296

P. O. Address

Exelmo Spgo

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.