No. —2-43 5-17-39 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12344

Registration District No. 345 Primary Registration District No. ~~6162~~ 6162 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone Co.

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community about 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 104

(a) State Missouri (b) County Stone

(c) City or town Reeds Spring
(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 Tommy Terry

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race Ouch

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1853 (Year)

8. AGE: Years 50 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Wesley Terry
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Vashti Gray
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Olive Cox
(b) Address Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Eisenhower Jem.

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena Mo.

19. (a) 3/23/1944 (Date received local registrar) (b) Grace White (Registrar's signature)

1356

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1944 hour 8 minute 20 a.m.

21. I hereby certify that I attended the deceased ~~from~~ at death Feb 29, 1944 to , 19 ;
that I last saw him ~~alive~~ on Feb 24-1944, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Hemorrhage	at once
Due to Gun Shot	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

166

Major findings:
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) Homicide

(b) Date of occurrence Feb 29-1944

(c) Where did injury occur? Reeds Spring (City or town) Stone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)

While at work? no (e) Means of injury Gun Shot

23. Signature Everett J. Cheatham (M. D. or other) Coroner

Address Galena, Mo. Date signed 3/1/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

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

working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 345 Primary Registration District No. 6162 Registrar's No.

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Reeds Spring (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Tommy Terry
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 29 1894 (Month) (Day) (Year)
8. AGE: Years 50 Months 2 Days 20 If less than one day hr. min.
9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Grace White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

12344