

FILED MAY 10 1944

State File No. ....

Registration District No. 245

Primary Registration District No. 4443

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Huntsville  
(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 Irven William Terry

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

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

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

7. Birth date of deceased May 12 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 25 hr. .... min.

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

10. Usual occupation general laborer

11. Industry or business.....

MOTHER FATHER {  
12. Name James Terry  
13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Mitchell  
15. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Terry  
(b) Address Minneapolis, Minnesota  
17. (a) burial (b) Date thereof 4/10/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B Patton  
(b) Address Huntsville, Mo  
19. (a) 5-2-44 (b) Mr. J. Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from now 19..... to..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Undetermined  
found dead  
Due to likely Coronary Thrombosis  
Due to Coronary case  
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?  
While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature H. E. Buffet (M. D. or other) Buffet  
Address..... Date signed 4-12-44

RECEIVED

District Health Officer No. 10

District File Number 5-44-925

Date Filed MAY 9 1944

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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.....

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

Signed..... *Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address Huntville, N.C.

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.