

FILED JUL 28 1944

Registration District No. _____

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(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) 1
(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 Barry 5
(c) City or town Cassville
(If outside city or town limits, write "RURAL") 0
(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

J. M. Terry

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 Widow

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

7. Birth date of deceased Jan 30 1945
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Loranya W. Terry

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

14. Maiden name Mary J. Hanes

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

16. (a) Informant W. Savage

(b) Address Butterfield Missouri

17. (a) Burial (b) Date thereof Apr. 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Church

18. (e) Signature of funeral director Calver Funeral Home

(f) Address Cassville Missouri

19. (a) June 10, 1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 8 year 1944 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from 3-18 1943 to April 6 1944.

that I last saw him alive on April 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Unspecified Congestion of the lung - acute during last 24 hrs of life

Due to ? No X-Ray

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

Major findings: Of operations ||| C 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 W. R. M. Chase (M. D. or other) D. D.
Address Cassville, Mo Date signed 4/15/44

RECEIVED

District Health Officer No. 6,

District File Number

744-860
JUL 25 1944

Date Filed

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

Margaret Culver

Registered Apprentice No. *357*

working under my personal supervision.

Signed

G. E. Culver

Licensed Embalmer No.

3584

P. O. Address

Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Aug
430

Registration District No. 11

Primary Registration District No. 4024

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry Cassville
(b) City or town Barry Cassville
(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)

3. (a) PRINT FULL NAME J.M. 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 w

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 30 If less than one day..... min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name.....

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

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 Williams (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April 1944 year, 1 hour, 15 minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....; that I last saw him..... alive on..... 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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

MOTHER FATHER

SUPPLEMENTAL

24021