

FILED AUG 8 1944

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether years, months or days)
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Paplar Bluff 12
(If outside city or town limits, write "RURAL") 7
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME

BARBARA MELVETA TERRY

3. (b) If veteran, name war _____

3. (c) Social Security No. 1

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 18 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Wichita Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Lord Terry

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

14. Maiden name Berga Hay's

15. Birthplace Paplar Bluff Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lord Terry

(b) Address Paplar Bluff Mo.

17. (a) burial (b) Date thereof 7-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynn Cemetery

18. (a) Signature of funeral director Winnice Link

(b) Address 7-19-44 Paplar Bluff

19. (a) 7-19-44 (b) Billie Terry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 3, 1944, to July 7, 1944; that I last saw her alive on July 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac failure

Due to Congenital Cardiac Condition

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 W. D. Markel M.D. (M. D. or other) _____

Address Paplar Bluff Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Office No. 2,
District File Number 844-1034
Date Filed 8-3-44

JAN 30 1956

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 Bryan Mc Cord

Licensed Embalmer No. 4979

P. O. Address Wayland

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.