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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1944

Registration District No. 144

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5432

27683

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Sullivan, Rural Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(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: Mo. (b) County: Franklin

(c) City or town: Sullivan, Mo.
(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: Joe C. Terry

3. (b) If veteran, name war: No

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Edna Terry

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

7. Birth date of deceased: Nov. 3, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	8	4	..... hr. ..... min.

9. Birthplace: Cherry Valley, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Labor

11. Industry or business .....

FATHER
12. Name: William Terry
13. Birthplace: Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Davis
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Edna Terry
(b) Address: Sullivan, Mo. R2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Cherry Valley, Mo.

18. (a) Signature of funeral director: J. T. Wilkinson
(b) Address: Sullivan, Mo.

19. (a) 7-10-44 (Date received local registrar) (b) Gilbert H. Wilkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 7th. year: 1944 hour: 11 minute: 8 A.M.

21. I hereby certify that I attended the deceased from Dec 4, 1943 to July 4, 1944 that I last saw him alive on July 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation	1 yr.
Due to Chronic Myocarditis	5 yrs.
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: L. L. Garner (M. D. or other) D.O.
Address: Sullivan Mo. Date signed 7/10/44

112-1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 8-16-44

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 J. T. Williams
Licensed Embalmer No. 427
P. O. Address Sullivan, 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.