V. S. No. 2
00M—8-43
Rev. 5-17-39
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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. 33523

FILED NOV 10 1944

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 271

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 0 9 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scotland
(c) City or town: Memphis 99 (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME: Charles Adolph Terhold

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

4. Sex: M O — 5. Color or race: W — 6. (a) Single, widowed, married, divorced: 2 Widower

6. (b) Name of husband or wife: Mary E. — 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug (Month) 18 (Day) 1854 (Year)

8. AGE: Years 90 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace: Marrietta (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business:

FATHER
12. Name: Martin Terhold
13. Birthplace: 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: C. M. Terhold
(b) Address: 1800 Merchandise Mart Chicago Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 19-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memphis Cemetery

18. (a) Signature of funeral director: Geo H. Beskett
(b) Address: Memphis Mo

19. (a) 10-20-44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1944 to Oct 17, 1944 that I last saw h alive on Oct 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Bronchopneumonia	
Due to	
Due to	2 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 2

23. Signature: Geo W. Laughlin (M. D. or other) DO
Address: Kirksville Mo Date signed Oct 19

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1808
Date Filed NOV 1 1944

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 Fred Groth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.