

No. 2
-5-42
5-17-39
X32873

FILED NOV 20 1944
Registration District No. 181

Primary Registration District No. 5403

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town RURAL CLINTON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South of Cabool
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 10 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas Douglas
(c) City or town RURAL Clinton Twp
(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 _____

3. (a) PRINT FULL NAME MARION CONLY TEEM

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

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

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

7. Birth date of deceased Oct 17 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 19 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Rufus Teem

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

14. Maiden name Lois Amogone Daily

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

16. (a) Informant Mrs Rufus Teem
(b) Address Rt 6 Mt Grove Mo

17. (a) Burial (b) Date thereof Aug 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First View Cemetery

18. (a) Signature of funeral director Gaylord Ellis
(b) Address Cabool Mo

19. (a) 9-1-1944 (b) W. L. Spurlock
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1944 hour 1 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 6 1944 to Aug 6 1944 that I last saw him alive on Aug 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Obstructed Bowels

Due to _____
Due to _____

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 J. M. Coats (M. D. or _____)
Address Cabool Mo Date signed Aug 7/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 1144 - 1169

Date Filed NOV 17 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 *Gaylord Elliott*

Licensed Embalmer No. 2252

P. O. Address *Cabool 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.