

S. No. 2
DM--2-43
v. 5-17-39
P. 1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5351**
Registrar's No. **912**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3939 Warwick Blvd.
(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) 16 Years

3. (a) PRINT FULL NAME Gifford V. Terry
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 494-149000

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mrs. Amerita R. Terry
6. (c) Age of husband or wife if alive. 42 years
7. Birth date of deceased. December 24 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation. Plumbing Business

11. Industry or business. _____

MOTHER FATHER

12. Name Clinton F. Terry
13. Birthplace. Lima Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Estella G. Gifford
15. Birthplace. Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amerita R. Terry
(b) Address. 3939 Warwick Blvd.

17. (a) Burial **(b) Date thereof.** 2-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Olathe, Kansas

18. (a) Signature of funeral director. Freeman Mortuary

(b) Address. Kansas City, Missouri

19. (a) 2-24-45 **(b) W. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3939 Warwick, Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd
 year 1945 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from June
4, 1943 to Febr 22, 1945
 that I last saw him alive on Febr 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Heart Failure
 Duration _____

Due to Arteriosclerotic Corony Artery Disease 3 years

Due to Arterial Hypertension 7 years

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

Major findings: 94A
 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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature. Graham Archer (M. D. or other) M.D.
 Address 1220 Prof. Bldg. Date signed 2-22-45

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..... *Elmer C. Wedelin*.....

Licensed Embalmer No. *2495*.....

P. O. Address..... *Y. C. 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.

Dr. A. H. H. H.