

No. 2
5-43
5-17-39
A36671

FILED SEP 7 1945

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 87

1. PLACE OF DEATH:

(a) County DuBois

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DuBois

(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 201 Tatum 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mahala Jane Terry

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

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased Nov 17 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 8 17 _____ hr. _____ min.

9. Birthplace Adamsville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name C. C. Wallace

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

14. Maiden name Sarah Reynolds

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

16. (a) Informant Lillie Terry

(b) Address 201 Tatum

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-45
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director L. H. Bond

(b) Address Kennett, Mo

19. (a) 8-23-45 (Date received local registrar) (b) John Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1945 hour 3 minutes 30 P M.

21. I hereby certify that I attended the deceased from Aug 3, 1945 to Aug 4, 1945
that I last saw her alive on Aug 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death was a cerebral hemorrhage

Due to hypertension, 2 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy gan

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)

(b) Means of injury _____

23. Signature John H. Bond (M. D. or other) 8-5-45

Address Harnersville Mo (Where signed)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

901

RECEIVED

District Health Office No. 2,

District File Number 945-295

Date Filed 9-1-45

1887

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

[Handwritten Signature]

Licensed Embalmer No.

P.O. Address

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

SEPT

Registration District No.

107

Primary Registration District No.

3019

Registrar's No.

87

1. PLACE OF DEATH:

- (a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)3. (a) PRINT
FULL NAMEMahala J. Terry

3. (b) If veteran,
-
- name war.....

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

4. Sex
- F

5. Color or
race W

6. (a) Single, widowed, married,
-
- divorced
- wid

6. (b) Name of husband or wife.....

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

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

8. AGE: Years Months Days If less than one day

75

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) Tenn

10. Usual occupation

Proprietress

11. Industry or business

Boarding House

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a)

(Date received local registrar)

- (b)
- Julia Blackwell
-
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....

- (c) City or town.....
-
- (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec
- Day
- 1
-
- year
- 1945
- hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
-
- to..... 19.....

that I last saw him..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

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 sta-
tistically.

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.....

Signature..... (M. D. or other)

Address..... Date signed.....

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

SUPPLEMENTARY

S-27307