

S. No. 2
M-8-43
5-17-39
X37823

FILED MAY 16 1946

Registration District No. 67 Primary Registration District No. 59-565265

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

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Sparta, Mo., R.R.
 (c) Name of hospital or institution Rural 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 2 yrs
 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
 (c) City or town Sparta, Mo., R.R.
 (d) Street No. Rural
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Harrison M. Terry
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex Male
 5. Color or race w.
 6. (a) Single, widowed, married divorced married
 (b) Name of husband or wife Hattie Terry
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 27 1876
 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 11
 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Milton Terry
 13. Birthplace Mo.
 14. Maiden name Hattie Logan
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert S. Smith
 (b) Address Springfield Mo.
 17. (a) Burial (b) Date thereof April 11-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo.
 (d) Signature of funeral director T. B. Chaffin
 (e) Address Ozark Mo.

19. (a) April 15-46
 (b) Lillie Barr
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
 year 1946 hr. _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 8 - 1946 to April 8 - 1946
 that I last saw him alive on April 6 - 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound
 Duration _____
 Due to Dependent over failing health
 Due to _____

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy 1640

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) Suicide
 (b) Date of occurrence April 8 - 1946
 (c) Where did injury occur? Sparta, Christian, Mo.
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Yes (Specify type of place)
 (c) Means of injury Gun
 23. Signature of Dr. Warren H. Wilson
 Address Sparta, Mo. Date signed 4-8-46

RECEIVED
District Health Officer No. 6,
District File Number 546-542
Date Filed --- WIAL 74 1946 ---

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..... *T. B. Chaffin*
Licensed Embalmer No. *2182*
P. O. Address..... *Ozark, 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.