S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19579

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 665

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1213 Corby St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 to 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1213 Corby St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Luella Patchin Terrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 9 (Day) 1899 (Year)

8. AGE: Years 45 47 Months 2 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation At. home

11. Industry or business

FATHER
12. Name W. E. Patchin
13. Birthplace Darlington (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Luella Greenwill
15. Birthplace Darlington (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. W. C. Seidel
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 6 (Day) 46 (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Be Tale + Bowman
(b) Address St. Joseph, Mo.

19. (a) June 8-1946 (Date received local registrar) (b) A. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 3-26-45, 19..., to 6-5-, 1946 that I last saw her alive on 6-1-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of mesenteric glands. — Duration 1 Year

Due to Cancer of colon (~~hepatic~~ flexure)

Due to Splenic

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations Cancer of Colon with obstruction

Of autopsy None

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

23. Signature Paul Forgrove M.D. (M.D. or other)

Address St Joseph, Mo Date signed 6-5-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Paul Forgs

DEC 20 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, Joseph, 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.