V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34506

State File No.

Registration District No. 295 Primary Registration District No. 6012 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Chariton Township
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Huntsville -----Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#1 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Viola Terrill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Hall Terrill
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November (Month) 2 (Day) 1887 (Year)

8. AGE: Years 58 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Tom Scott /
13. Birthplace / (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name Jane Clayburg
15. Birthplace / (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Mr. W.H. Terrill
(b) Address Huntsville, Missouri R.R. #1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/29/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo
19. (a) 11-2-1946 (Date received local registrar) (b) Mrs. D.A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1946 hour 1:00 A.M. minute M.
21. I hereby certify that I attended the deceased from Jan 1, 1940, to Oct 27, 1946 that I last saw her alive on Oct 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	30 min.
Due to Hypertension & arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 94 A
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 0
23. Signature R. V. Dreyer (M. D. or other)
Address Huntsville Mo Date signed 10/30/46

970 (Licensed Embalmer's Statement on Reverse Side)

JAN 30 1947

RECEIVED
District Health Officer No. 10
District File Number 10-46-7044
Date Filed NOV - 8 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 Tom R Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.