

7. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

Registration District No. **2 1947**

Primary Registration District No. **2043**

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

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution: **Levreing Hosp. 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **Life time**

3. (a) PRINT FULL NAME **Elizabeth Terrill Terpening**

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 **Chas. Terpening**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **May 19 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	2	hr. _____ min.

9. Birthplace **Benbow Marion County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **J. W. Terrill**

13. Birthplace **Marion Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Janie Blackwood**

15. Birthplace **Marion Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Terpening**

(b) Address **Ewing, MO**

17. (a) **Burial** (b) Date thereof **3/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ **New Providence Cem.**

18. (a) Signature of funeral director **James Neal**

(b) Address **Palmyra, Mo.**

19. (a) **3-25-47** (b) **Dr. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **64**

(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL") **0**

(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 **March** day **21**
year **1947** hour **10** minute **30** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her _____, 19____;

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

Immediate cause of death **Broncho pneumonia**

Due to _____

Due to _____

Other conditions **Arthritis Deformans**
(Include pregnancy within 3 months of death)

Major findings:
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Harvey L. Brown** (M. D. or other) **MD**

Address **100 North Hannibal** Date signed **3/26/47**

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..... *J. B. Levine*

Licensed Embalmer No. *2168*

P. O. Address *Palmyra, 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.