

S. No. 2
-12-45
5-17-39
P-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18464

FILED JUN 14 1947

State File No.

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 17

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Rural - Irshing, Miss
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
West of Rayville /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. West of Rayville, Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Austin Teegarden
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 27
 year 1947 hour 5 minute 30 p.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Celia 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 7 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 pm 20 1947 april 27 1947
 that last saw him alive on april 27 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

8. AGE: Years Months Days If less than one day
90 4 20 hr. _____ min.

Due to Acute Dilatation
Prostatic Hypertrophy
 Due to _____
 Other conditions: arterio-sclerosis
(Include pregnancy within 9 months of death)

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Teegarden

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

14. Maiden name Rhoda Cummings

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

16. (a) Informant W. O. Teegarden

(b) Address Rayville, Mo.

17. (a) Burial (b) Date thereof 4-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union Cemetery

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 5/2/47 (b) Helen J. Laikin
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy 97

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) (c) Means of injury

23. Signature H. E. Lay (M. D. or other) _____
 Address Rayville, Mo. Date signed 4-29-47

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

RECEIVED

District Health Order No. _____

District File Number _____

Date Filed 6-13-47

JUL 31 1953

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 _____

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.