

No. 2  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

28702

Registration District No. 295

Primary Registration District No. 4441

State File No. \_\_\_\_\_  
Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Clifton Hill  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph 88  
(c) City or town Clifton Hill 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene L. Terry  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maggie E. Terry  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased July 18 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 1 4 \_\_\_\_\_  
hr. \_\_\_\_\_ min.

9. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation pharmacist

11. Industry or business \_\_\_\_\_  
12. Name William Y. Terry  
13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie M. Jackson  
15. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Terry  
(b) Address Clifton Hill, Missouri  
17. (a) burial (b) Date thereof 8/24/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom B. Clifton  
(b) Address Hunterville, Ind  
19. (a) 9/6/47 (b) Mrs. R.A. Barnhart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 22  
year 1947 hour 9:10 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 9  
1947 to Aug 22 1947  
that I last saw him alive on Aug 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary artery  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertrophy of heart  
(Include pregnancy within 6 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
472

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 W. E. Alexander M. D. or other \_\_\_\_\_  
Address Clifton Hill Mo Date signed 8/28/47

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

SEP 18 1947

RECEIVED  
District Health Officer No. 10  
District File Number 4-47-124  
Date Filed SEP - 9 1947

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 B. 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.