S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35363

FILED NOV 12 1947
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 250

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 So Williams /
(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 Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 418 So Williams 3
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Robert Green Terrill
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 Lena
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 12 (Day) 1866 (Year)

8. AGE: Years 81 | Months — | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Rtd Farmer
11. Industry or business .....
FATHER 12. Name John R Terrill
13. Birthplace Ky / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann Roberts
15. Birthplace Ky / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Louisa Pearson
(b) Address Corpus Christi, Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Mo
18. (a) Signature of funeral director Malaw and Son
(b) Address Moberly
19. (a) 11-4-47 (Date received local registrar) (b) Leo Blueleaven Lowe (Registrar's signature) 2 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1947 hour 11:30 a minute ..... P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Natural-Cause unknown	
Due to: Coroner's Case	
Due to:	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations: ✓	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 ..... J
23. Signature Dr Joseph P. Kennedy (M. D. or other) P.C.
Address 424 N. Reed Moberly Date signed 11/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-47-154
NOV 11 1947
Date Filed

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 Frank D. Dewitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.