

FILED JAN 7 1947

Registration District No. 447

Primary Registration District No. 3008

Registrar's No. 444

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
406 EAST 8th ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14
(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 406 EAST 8th St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE GAITHER 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 MYRTLE TERRY 6. (c) Age of husband or wife if alive 74
7. Birth date of deceased JULY 6 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17 If less than one day
hr. _____ min. _____

9. Birthplace CALLAWAY COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name W. R. TERRY
13. Birthplace CALLAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET BERRY
15. Birthplace CALLAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK BAKER
(b) Address 209 EAST 9th ST., FULTON, Mo.

17. (a) BURIAL (b) Date thereof 12 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILLCREST

18. (a) Signature of funeral director Glen G. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) 12-29-47 (b) Josie Meinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1947 hour 9⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from November 1943 to December 23, 1947
that I last saw him alive on 12/18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
coronary thrombosis
due to atherosclerosis
chr. myocarditis
Due to _____ years
Due to _____ years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry D. ... (M. D. or other) h.D.
Address Fulton, Mo. Date signed 12/27/47

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

Date Filed 1/5/48
District File Number

District Health Officer No. 4

RECEIVED

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.....

Theodore Skinner, Jr., Registered Apprentice No. 55
working under my personal supervision.

Signed Glen G. Maupin

Licensed Embalmer No. 2725-

P. O. Address Fulton, 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.