No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948
Registration District No. 108

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 673

Primary Registration District No. 3018

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County: DENT
(b) City or town: SALEM (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE (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: DENT 33
(c) City or town: SALEM (If outside city or town limits, write "RURAL")
(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: LUCY PURCELL
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: WILLIAM
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: SEPT (Month) 13 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	4	8	..... hr. ..... min.

9. Birthplace: NO RECORD (City, town, or county) 9 (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: —
FATHER
12. Name: JOHN TERRILL
13. Birthplace: (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name: CAROLINE PANKEY
15. Birthplace: (City, town, or county) MO (State or foreign country)
16. (a) Informant: Vernon Purcell
(b) Address: SALEM, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: JADWIN CEM.
18. (a) Signature of funeral director: Carl K. Lewis
(b) Address: SALEM, MO
19. (a) 1-22-48 (Date received local registrar) (b) M. M. Hart, M. Dly MCR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21 year 1948 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from March 9, 1945, to Jan 7, 1948 that I last saw her alive on Jan 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	?
Due to: Arteriosclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 97

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 .....
23. Signature: M. H. Hart M.D. (M. D. or other) M.D.
Address: Salem, Mo. Date signed 1-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 14983
Date Filed 1-29-48

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 ~~under~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.