

S. No. 2
M-5-43
v. 5-17-39
I X36671

State File No.

FILED NOV 9 1948

Registration District No. 569

Primary Registration District No. 6252

Registrar's No. 5-

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town MillSpring Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days)

In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne

(c) City or town MillSpring Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME HATTIE B. TERRY

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 J. E. TERRY

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased November 10 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 7 1948 to July 21 1948 that I last saw her alive on July 17 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Wayne Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name unknown

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

14. Maiden name —

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

Immediate cause of death Septicemia Duration 2 weeks

Due to Fractured hip 2 yrs

Due to Senility

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

Major findings: 246

Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Perry Terry

(b) Address Mill Springs

17. (a) (Burial, cremation, or removal) Rural (b) Date thereof 7 22 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director —

(b) Address —

19. (a) 10-13-1948 (b) Snell & Piles
(Date received local registrar) (Registrar's signature) 240

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? hip fractured at her home
(Specify type of place) (State or foreign country)

While at work 0 Means of injury 0

23. Signature Wm. H. Burton (M. D. or other) M.D.
Address Poplar Bluff, Mo Date signed 7-27-48

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

11
0
0

RECEIVED

District Health Officer No. 4
District File Number 1148-1378
Date Filed 11-8-48

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 by.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.