No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36037

FILED DEC 7 1948

Registration District No. 1948 Primary Registration District No. 4165 Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(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 Daniel Adam Terry
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Audrey Terry
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January (Month) 13 (Day) 1884 (Year)

8. AGE: Years 64 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General Farming
FATHER
12. Name Alexander Campbell Terry
13. Birthplace Lock Springs (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Morgan
15. Birthplace Jameson (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Audrey Terry
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 29 Nov. 1948 (Date received local registrar) (b) Virginia M Engelbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1948 hour 12 minute 35 P M.
21. I hereby certify that I attended the deceased from November 19, 1948
that I last saw him alive on November 19, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis c Auricular fibrillation
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
Unknown

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Gallatin Mo Date signed 24 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 F. O. Dickerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.