

Registration District No. 552Primary Registration District No. 5745Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Marion
- (b) City or town Rune Warren Township
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 2
- (If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community 47-11-1
years, months or days

3. (a) PRINT
FULL NAMELucy Mae Terrill 6403. (b) If veteran,
name war _____3. (c) Social Security
No. ✓4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased December 2nd 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 11 1 hr. min.9. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name William J. Terrill 013. Birthplace Palmyra Mo 0
(City, town, or county) (State or foreign country)14. Maiden name Martha Sae Atkinson15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. G. Terrill(b) Address Philadelphia Mo. RFD #217. (a) Burial (b) Date thereof Nov 5-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Andrews Chapel18. (a) Signature of funeral director Wilson & Son(b) Address Monroe City Mo. 84119. (a) 11/4-1939 (b) Mrs. Alta V. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Marion
- (c) City or town Warren Township
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1939 hour 4 minute 45 A. M.21. I hereby certify that I attended the deceased from Mar. 1
1938 to Nov 3, 1939;
that I last saw her alive on Nov 1, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

mitral stenosis

Duration

unknownDue to Carcinoma of right breast
with general metastasis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Dr. C. G. Shriver (M. D. or other) D.O.
Address Philadelphia Mo. Date signed 11/4/39

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 myself.....

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

Signed D. W. Wilson.....

Licensed Embalmer No. 1696.....

P. O. Address Monroe City 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, above space should be left blank.