

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

40
4
2

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

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
603 Pleasant View 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 26 years years, months or days

3. (a) PRINT FULL NAME IRENE TEEGARDEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-01-5107

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 25, 1913
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace: Trenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation stenographer

11. Industry or business office

MOTHER FATHER { 12. Name Chris Teegarden
13. Birthplace Jerome Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Edith Abbott
15. Birthplace Jah Geneva Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Teegarden
(b) Address Trenton Mo

17. (a) Burial (b) Date thereof April 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem., Trenton

18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton Mo

19. (a) 4-5-40 (b) Irene Teegarden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 603 Pleasant View
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1940 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan 5, 1940, to April 4, 1940
that I last saw her alive on April 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Duration 4 mos

Due to Not Known
Due to _____

Other conditions acute Gangrenous Appendicitis
(Include pregnancy within 3 months of death)
operated March 9, 40

Major findings: _____
Of operations: _____
Of autopsy: _____

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? 300
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. A. Duffy (M. D. of other) 1
Address Trenton Mo Date signed April 5, 40

RECEIVED

District Health Officer No. 111

District File Number 640904

Date Filed JUN 12 1940

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 _____

Robert B. Davis

Registered Apprentice No. 212

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.