

No. 2  
-17-39  
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1098

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor

(c) City or town Bedford  
(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.

3. (a) PRINT FULL NAME ALICE-EDNA-TERRELL

3. (b) If veteran, name war no (c) Social Security No. 478-10-7703

4. Sex Female race White 5. Color of hair \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased Aug 15 1917  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>2</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Bedford Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Agitator

11. Industry or business Cudahy Packing Co.

12. Name Charles E. Terrell

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

14. Maiden name Elvira Harrison

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

16. (a) Informant Chas E Terrell

(b) Address Bedford Iowa

17. (a) normal (b) Date thereof 10-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedford Iowa

18. (a) Signature of funeral director Prof. Plamey

(b) Address St. Joseph Mo

19. (a) 10-17-1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 12, 1940 to Oct 16, 1940  
that I last saw her alive on Oct 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute anterior Polio-Myelitis

Due to \_\_\_\_\_

Due to 16

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

Duration 2079 days

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? no

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E.M. Shores (M. D. or other) MD  
Address 317 Kirkpatrick Bldg Date signed 10-17-40

RV Phones  
9 a.m. month

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**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.....

*Oct. 16 1940*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John P. Stoney*

.....  
Licensed Embalmer No. *24357*

P. O. Address.....

*R. Joseph W.*

**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.**