

Registration District No. 529 Primary Registration District No. 5706 Registrar's No. _____

1. PLACE OF DEATH:
(a) County MASON
(b) City or town WASEYVILLE, MO.
(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 _____ years, months or days _____

3. (a) PRINT FULL NAME MARGARET ANN TETER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife T. T. TETER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-14-1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace RANDOLPH COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name WILLIAM RICE
13. Birthplace RANDOLPH COUNTY, MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET ANN BAKER
15. Birthplace RANDOLPH COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Henry Lidoff
(b) Address Callao Mo R.R.

17. (a) BURIAL (b) Date thereof 12-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HERRON CEMETARY

18. (a) Signature of funeral director H. E. Edwards
(b) Address Bevier Mo

19. (a) Dec 16 1940 (b) Mrs. R. W. Dowell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MASON
(c) City or town WASEYVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. MDY ROWN JWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC. day 11
year 1940 hour 5 minute 5 A. M.
21. I hereby certify that I attended the deceased from JAN. 9
1940 to DEC. 10 1940
that I last saw her alive on DEC 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY HEART DISEASE Duration 12 hrs

Due to _____
Due to 94 1/2

Other conditions CHRONIC BRONCHITIS
(Include pregnancy within 3 months of death)

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? _____

473 (Specify type of place) _____
While at work? _____ (a) Means of injury 3

23. Signature A. L. Duesden (M., D. or other) 1/10
Address Callao Mo Date signed 12/14/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Fun Pallie Howard

RECEIVED

District Health Officer No. 10

District File Number 1-41-48

Date Filed ~~JAN 7 1941~~

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.....

H. G. Edwards

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

working under my personal supervision.

Signed.....

H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address.....

Review Me

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.