

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44171

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Meranda in Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Same (Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 4 Springfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Pearl Terrill

8. (b) If veteran, name war _____

8. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur J. Terrill 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased February 25 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 13 hr. _____ min.

9. Birthplace Bellevue Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Louque

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ada Johnston

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

16. (a) Informant Hosp. Recd.
(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40
(Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Allen V. Hays
(b) Address Springfield Mo

19. (a) Dec 8, 1940 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1940 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 3
_____, 1940, to Dec 8, 1940,
that I last saw he alive on Dec 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Congestion Duration 5 days

Due to Hypertensive Cardio-vascular
Due renal disease

Other conditions (Include pregnancy within 3 months of death) 7/1

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? _____

While at work? 795 (Specify type of place)
(e) Means of injury _____

23. Signature Wm J. Cremer (M. D. or other) _____

Address Meranda Mo Date signed 12/8/40

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

RECEIVED
District Health Officer No. 7,
District File Number 1-41-109
Date Filed 1-13-41

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 E. W. [Signature]

Licensed Embalmer No. 1769

P. O. Address Opus Field, 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.