

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17895

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:
 (a) County Grundy
 (b) City or town Brenton
 (c) Name of hospital or institution: Wright Hospital (1)
 (d) Length of stay: In hospital or institution 24 hrs
 In this community 24 hours

3. (a) PRINT FULL NAME Earnest H Teachell
 3. (b) If veteran, name war
 3. (c) Social Security No. none

4. Sex Male (1) 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bessie Lebb, Teachell
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased April 6 1892

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>3</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
 12. Name Sherman H. Teachell
 13. Birthplace Mo
 14. Maiden name Hanna Davis
 15. Birthplace Mo

16. (a) Informant Mrs Bessie Teachell
 (b) Address Ravanna Mo

17. (a) Burial (b) Date thereof March 11 1941
 (c) Place: burial or cremation Ravanna

18. (a) Signature of funeral director Mail Moss
 (b) Address Princeton Mo.

19. (a) 3-9-41 (b) E. E. Saw
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State (b) County 86
 (c) City or town 0
 (d) Street No. 0
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1941 hour 1:30 minute 0 M.
 21. I hereby certify that I attended the deceased from March 8th 1941, to March 9th 1941;
 that I last saw him alive on March 9th 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction
 Duration 3 days

Due to Adhesive Bands about Bowels 23

Due to ! 2 2 2

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Operated March 8th 1941
Adhesive bands about Bowels - obstruction Post.
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

300 (Specify type of place) While at work (e) Means of injury

23. Signature Oliver F. Duff (M. D. or other) D. D. D.
 Address Brenton Mo 101 Date signed March 11 1941

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

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 me

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

Signed Paul Mass

Licensed Embalmer No. 2634

P. O. Address Quincy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17896

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Stanton Trenton
(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 Earnest H. Cochell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 48 Months 11 Days 3 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country) _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-11-44 (b) Earnest Fair (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pittman
(c) City or town Ravanna
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

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 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clarence H. Duff M.D. or other _____

Address Trenton Mo Date signed _____

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

SUPPLEMENTAL

S-17896