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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28386

FILED SEP 5 1941
Registration District No. 328

Primary Registration District No. 3017

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(c) Name of hospital or institution WRIGHT MEMORIAL Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days) 36 days in Hosp

2. USUAL RESIDENCE OF DECEASED: 032
(a) State MISSOURI (b) County 1
(c) City or town CAMERON, Mo (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULLNAME CALVIN TEEGARDEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1941 hour 12:05 minute 17 M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife SUSAN TEEGARDEN 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased: April 30 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18-1941
_____, 19____, to June 25, 19____,
that I last saw him alive on June 25, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Duration 1 year 17 months

8. AGE: Years 93 Months 1 Days 25 hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace GREEN COUNTY PENN 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions Influenza Jan 41 - a week
(Include pregnancy within 6 months of death)

11. Industry or business Farm
12. Name GEO M. TEEGARDEN
13. Birthplace GREEN COUNTY PENN 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY MOREDOCK
15. Birthplace GREEN COUNTY PENN 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant G. E. Teggarden
(b) Address Trenton, Mo.
17. (a) Burial (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Cemetery Trenton
18. (a) Signature of funeral director Rand A. Dan
(b) Address Trenton, Mo.
19. (a) 6-26-41 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

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 h
23. Signature E. A. Duffey (M. D. or other) _____
Address Trenton Date signed June 25 1941

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Myself
.....
working under my personal supervision.

....., Registered Apprentice No.

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 the above constitutes grounds for revocation of license.)

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