

Registration District No. **486**

Primary Registration District No. **5649**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Rural Puraicane**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **L 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **In this community**
years, months or days **5-4-41**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **P.R.D. Elsbury Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **William H. TEASLEY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **May 18 1936**
(Month) (Day) (Year)

8. AGE: Years **5** Months **4** Days **7** If less than one day hr. _____ min. _____

9. Birthplace **at the house Elsbury**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER
12. Name **John William Teasley**
13. Birthplace **Winfield Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Chandler**
15. Birthplace **Whitewater Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John William Teasley**

(b) Address **Elsberry Mo**

17. (a) **Rural** (b) Date thereof **Sept 27 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Alexander Cem**

18. (a) Signature of funeral director **Louise McCoy**

(b) Address **Troy Missouri**

19. (a) **Sept 26 1941** (b) **ew**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **25** day **September**
year **1941** hour **5** minute **10 P.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 **Accident**
By a horse coming over him and stepping on his head

Due to _____

Due to **Jury Verdict**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
4
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) **Accident**

(b) Date of occurrence **Sept 25 - 1941**

(c) Where did injury occur? **on the farm**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **057**

While at work? _____ (Specify type of place) (e) Means of injury **9**

23. Signature **M.P. Riddle** (U. S. or other)

Address **Troy Missouri** Date signed **9/27/41**

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.....

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

Signed Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.