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.

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32355
Do not use this space.

1. PLACE OF DEATH
(a) County Ray — Registration District No. 9141
(b) Township Grape Grove — Primary Registration District No. 10235 — Registered No. 85
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME KELLY E. TEEGARDEN
(a) Residence, No. R.F.D. Cowgill Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ada Teegarden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1869
7. AGE YEARS 71 MONTHS 11 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

FATHER
13. NAME Wm Teegarden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

MOTHER
15. MAIDEN NAME Ellen Lance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Mrs Orville Cramer Cowgill Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill Mo DATE 9-10 41
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C A & L A Reed Cowgill, Mo.
20. FILED Sept 11 41 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-41, 19

22. I HEREBY CERTIFY, That I attended deceased from Called, 19 in to as coroner, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

164a

Other contributory causes of importance: Hanging

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 9/7/41, 19
Where did injury occur? Cowgill Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In woods near home.
Manner of injury Hanging
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H. M. Griffith, M. D.
(Address) Richmond Mo

(Licensed Embalmer's Statement on Reverse Side) Coroner Ray Co. Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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 C A Reed

Licensed Embalmer No. 2194

P. O. Address Cowgill Mo.

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

If this body is not embalmed, above space should be left blank.