

FILED NOV 11 1941
Registration District No. **398**

Primary Registration District No. **3079**

Registrar's No. **292**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence** *Out-Blue TWP*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
122 West Sea
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
In this community **Life 40 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edmonia C Terrell**

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

4. Sex **Fm** | **W** Color or race _____

6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **May 6 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Blue Springs Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Edmond Cowherd**

12. Name **Va**

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

14. Maiden name **Martha** *Winkler*

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

16. (a) Informant **Mrs J S Strother**

(b) Address **Blue Springs Mo**

17. (a) **Burial** (b) Date thereof **Nov 1st 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lees Summit Mo**

18. (a) Signature of funeral director **R. W. ...**

(b) Address **Blue Springs Mo**

19. (a) **Nov. 1 41** (b) **J. J. Cook m.d.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **048**

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence**
(If outside city or town limits, write "RURAL")

(d) Street No. **122 West Sea**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept**, 1940, to **Oct 30**, 1941;
that I last saw her alive on **Oct 30**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular heart disease	3 yrs
failure of compensation	
Due to atherosclerosis	6 yrs
Due to _____	
Due to _____	
Other conditions Entertis (Include pregnancy within 3 months of death)	10 da

PHYSICIAN

Major findings: **938**

Of operations

Of autopsy

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 **0**

23. Signature **J. H. Kuckerson** (M. D. or other) _____
Address **Independence Mo** Date signed **Oct 31 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.....

R. B. Webb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs, 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.