

FILED NOV 13 1941

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Holden, Madison  
(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 66 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Ennis Terrell

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

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth H. Terrell 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Apr. 4 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 23 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Retired Shoe Merchant

11. Industry or business \_\_\_\_\_

12. Name J. J. Terrell  
13. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria E. Ennis  
15. Birthplace Jacksonville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Terrell  
(b) Address Barksville Okla.

17. (a) Burial (b) Date thereof Oct 30 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill Cemetery, Sedalia Missouri

18. (a) Signature of funeral director W. L. Goodman  
(b) Address Holden Mo.

19. (a) Oct. 29 (b) Mr Frank Morris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Holden  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7th and Pine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1941 hour 2:00 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 10:30 AM Oct 27 1941 to 2:30 AM, Oct 28, 1941  
that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 4 hrs

Due to Massive cerebral Hemorrhage 1 Day

Due to Chronic focal infection from Oral Syphilis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: ✓ Of operations ✓

Of autopsy ✓ 436

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 W. L. Thompson (M. D. or other) 0  
Address Holden Mo. Date signed 10/29/41

51  
1  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-10-41  
File Number  
Health Officer No. 8,  
RECEIVED

**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 Samuel B. Ropp  
Licensed Embalmer No. 4044  
P. O. Address Holder, Miss.

**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, fact should be so stated above.**