

No. 2  
1-4-42  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25003**  
Registrar's No. **242**

Registration District No. **668** Primary Registration District No. **3032**

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4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1457 S Sneed**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)  
In this community **20 years**

3. (a) PRINT FULL NAME **MARY LUTHER TEETER**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**  
6. (b) Name of husband or wife **Eugene Teeter** 6. (c) Age of husband or wife if alive **3** years  
7. Birth date of deceased **April 3 1878**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **29** If less than one day hr. min.

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

10. Usual occupation **HOUSE**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Luther Lockwood**

{ 13. Birthplace **9**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Marta**

{ 15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Forest Bauman**

(b) Address **Sedalia Mo**

17. (a) **Windsor** (b) Date thereof **7/4/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor Mo**

18. (a) Signature of funeral director **McLaughlin Bros**

(b) Address **Sedalia Mo**

19. (a) **7/4/42** (b) **Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1457 S Sneed** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**, 1942  
year \_\_\_\_\_ hour **Noon** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **June 18**  
**1942** to **July 2**, 1942  
that I last saw her alive on **July 2**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
which occurred on **June 18**

Due to **Arterio sclerosis and chronic nephritis**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **No operation or Autopsy**  
Of autopsy \_\_\_\_\_

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. H. Whisler** (M. D. or other) \_\_\_\_\_

Address **Sedalia Mo** Date signed **7-3-42**

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 8-10-42

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**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.....

*H. E. Baker*

Licensed Embalmer No.....

*2419*

P. O. Address.....

*Sedalia*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25-003

Registration District No. \_\_\_\_\_

Primary Registration District No. 3032

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(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 \_\_\_\_\_ (Specify whether)  
In this community 20 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Luther Teeter  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month July day \_\_\_\_\_  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_;  
that I have a lawfully \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 3  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 20 (if less than one day) \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Martha  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**SUPPLEMENTARY**

MOTHER FATHER

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

