

FILED APR 3 1943  
Registration District No. 288

Primary Registration District No. 5962

State File No. \_\_\_\_\_  
Registrar's No. 8

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Weston No. Rural Mo. 1/4 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 25 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Co. Plate  
(c) City or town Weston Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. North of Weston Mo. 3 mi  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 9 years.

3. (a) PRINT FULL NAME Wallace B. Terrell

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

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

6. (b) Name of husband or wife Maggie Terrell 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Nov. 23 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 3 2 hr. min.

9. Birthplace Bass Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

12. Name Elija Terrell

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

14. Maiden name Martha Scott

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

16. (a) Informant Gano Terrell

(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof 2/26/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cer.

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn Missouri

19. (a) 2-27-43 (b) Mrs. Clay Steffer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1943 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from March 1939 to Feb. 25, 1943  
that I last saw him alive on Feb 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Acute Duration 5 days

Due to Nephritis, Chronic 5 yrs  
Prostatic Hypertrophy 5 yrs  
Due to Pyelonephritis 1 yr  
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
PHYSICIAN 131 f  
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) Na  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? None (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) Means of injury

23. Signature W. Terrell (M. D. or other) P.O.  
Address Weston Date signed 2/27/43

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

MOTHER FATHER

1209

RECEIVED

District Health Officer No. P. Little

District File Number 4-43-38

Date Filed 4-2-43

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

Richard Davis

Licensed Embalmer No. 4140

P. O. Address Seabrook 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, fact should be so stated above.