

FILED OCT 8 1943-76

Registration District No. _____

Primary Registration District No. 5947

Registrar's No. _____

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

7100

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. James Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 15 days.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha M. Teeter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank G. Teeter

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 28 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace North Liberty, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Sylvester Maxey

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

14. Maiden name Genevieve Mann

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

16. (a) Informant Frank G. Teeter

(b) Address Stanton, Missouri

17. (a) Burial (b) Date thereof Sep. 15, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Phos. P. Shollen

(b) Address Sullivan, Missouri

19. (a) 9-13-43 (b) Chamie Dickson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Sept
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from both
both 1943, to Sept 12, 1943
that I last saw her alive on Sept 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver & Gallbladder

Due to Cholelithiasis & Empyema of Gallbladder

Due to _____

Other conditions (include pregnancy within 3 months of death) 468

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?

While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature E. A. Seaton (M. D. or nurse)
Address St. James Hospital, St. James Date signed 9-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Edgar W. Laffoon

Licensed Embalmer No. 3294

P. O. Address Sullivan-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, above space should be left blank.