

FILED JAN 12 1944

Registration District No. 2004

Primary Registration District No. 5723

Registrar's No. 118

1. PLACE OF DEATH: Macon (Chariton Sup)

(a) County Macon

(b) City or town Bever Macon Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Bever Rural 0
(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 - 0

3. (a) PRINT FULL NAME HOMER WILSON TETER

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 1943 hour 11 minute 45 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mabel Teter

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct 16 - 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-7-43 to 12-7-43

that I last saw him alive on 12-7-43 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 21 If less than one day - hr. - min.

Immediate cause of death Carcinoma of Prostate Glands (primary)

Due to -

Due to -

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

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

Major findings: 518

Of operations -

Of autopsy -

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business -

12. Name W. O. Teter

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

14. Maiden name Rhoda Green

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Teter

(b) Address Bever Mo Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation College Ind Mo

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? -

18. (a) Signature of funeral director R. G. Schlegel

(b) Address Bever Mo

19. (a) 12/24/43 (Date received local registrar) (b) Joyce B. Hunter (Registrar's signature)

While at work? - (Specify type of place) (c) Means of injury -

23. Signature Dr. W. S. ... (M.D. or other) Dr. ...

Address College Ind Mo Date signed 12/24/43

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

1037

RECEIVED
District Health Officer No. 70
District File Number 1-44-142
Date Filed JAN 12 1944

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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Berwin, Pa.

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.