DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18289

Registration District No. 154 Primary Registration District No. 5595 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
103 & 71 Hiway
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Missouri 2
(If outside city or town limits, write "RURAL")

(d) Street No. 487 Donelley St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PAUL EDWARD TERRY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Febuary (Month) 11- (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	2	18	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George W. Terry
13. Birthplace Monette (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Etta A. Babb
15. Birthplace Seligman (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George W. Terry
(b) Address 487 Donelley St. Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri

19. (a) May 1-1944 (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1944 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from Cancer, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of the chest

Due to Laceration of the lung

Due to Lt Hemothorax

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C

Of autopsy See above 21

Duration

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) Accident

(b) Date of occurrence 4/29/44

(c) Where did injury occur? 103 rd & 71 Hiway Jackson (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? No (e) Means of injury Car struck bridge

23. Signature [illegible] 3 4/29/44 (M. D. or other)

Address New signed

(Licensed Embalmer's Statement on Reverse Side)

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

1152

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.