

FILED SEP 12 1944 75

Registration District No.

Primary Registration District No.

3053

Registrar's No. 105'

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution: Nelle McFarland Memorial Hospital
(d) Length of stay: In hospital or institution 26 days
In this community 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
(c) City or town Rector
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Elis Terrell

(b) If veteran, name war

(c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
(b) Name of husband or wife B. Lewis 6. (c) Age of husband or wife if alive years 12
7. Birth date of deceased July 12 1873

8. AGE: Years 71 Months - Days 26 hr. min.

9. Birthplace Rector Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name John Terrell
13. Birthplace Missouri
14. Maiden name Caroline Parkey
15. Birthplace Missouri

16. (a) Informant Leg de's sister

(b) Address Rector Mo 610 45

17. (a) Burial (b) Date thereof 8/10/44

18. (a) Signature of funeral director

(b) Address

19. (a) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 13, 1944 to August 8, 1944; that I last saw him alive on Aug. 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions

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?

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

While at work? (Specify type of pl. or other injury)

23. Signature

Address Rector, Mo. Date signed 8/9/44

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

MOTHER FATHER

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 _____
Licensed Embalmer No. 21370
P. O. Address _____
Alamy 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.