. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 155

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5576

2642

State File No.

Registrar's No. 1

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town RURAL - DUVAL TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Jasper, Missouri
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural - Duval Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2, Jasper
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

49
0
0

3. (a) PRINT FULL NAME WALTER CLARENCE TEAGUE

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Millie Keylock Teague
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 27, 1882 (Month) (Day) (Year)

8. AGE: Years 62 | Months 11 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace ALBA, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation Farming
11. Industry or business

MOTHER FATHER
12. Name James Robt. Teague
13. Birthplace X (City, town, or county) Kansas (State or foreign country)
14. Maiden name Alice Jenkins
15. Birthplace X (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. W. C. Teague
(b) Address Route #2, Jasper, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) Jan. 12, 1945 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1945 hour 6 minute 30 p.m.
21. I hereby certify that I attended the deceased from Jan 9, 1945, to Jan 9, 1945;
that I last saw him alive on 1-9-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation — Duration
Due to Chronic Myocarditis & Partial Heart block — 6 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations G3d
Of autopsy

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

23. Signature [illegible] (M. D. or other) Do
Address Alba, Mo. Date signed 1-9-45

(Licensed Embalmer's Statement on Reverse Side)

45-1-98

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.....2222

P. O. Address.....Carthage

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.