S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31038

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 45

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #2, PARIS, MO
(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 MONROE 69
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 2, PARIS, MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDD TERRELL
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 MARRIED
6. (b) Name of husband or wife ANNA TERRELL
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased DEC 10, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	8	15	hr. min.

9. Birthplace VA. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name BENJ. FRANKLIN TERRELL
13. Birthplace NO. CAR. (City, town, or county) (State or foreign country)
14. Maiden name CAROLINE McKINNON
15. Birthplace KY. (City, town, or county) (State or foreign country)
16. (a) Informant EDD Irvin Terrell
(b) Address PARIS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 27 1945 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri.
19. (a) 8-26-45 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 25 year 1945 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept. 17, 1941, to Aug. 25, 1945; that I last saw him alive on Aug. 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma of Colon with metastasis to liver	18 mo.
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 F. A. Barnett (M. D. or other) MD
Address PARIS, MO. Date signed 8-26-45

1413

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1406
Date Filed SEP 17 1945

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 U. S. Blakey

Licensed Embalmer No. 2414

P. O. Address Paris, Missouri

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.