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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9720

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1125

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

8646

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen'l Hosp. No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Less than 1 day (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1709½ E. 14th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wedrew Terrill
3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Willie M. Winfrey
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Mar. (Month) 12 (Day) 1895 (Year)

8. AGE: Years 50 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Stinmetz (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Porter
11. Industry or business U.S. Post Office
FATHER
12. Name Howard Terrill
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Lucy
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Bernice Terrill
(b) Address 2739 Highland
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Armstrong, Mo
18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12 K.C. Mo
19. (a) 3-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 46 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., to ..., 19...;
that I last saw ... alive on ..., 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy
Due to
Due to Hypertensive Heart Disease
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
Of autopsy No - Post

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)
(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 Deputy Coroner
23. Signature [signature] (M. D. or other)
Address 2636 Brooklyn Date signed 3-5-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1946

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.