

No. 2
A-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12869

FILED MAY 9 1946
Registration District No. 128

Primary Registration District No. 2000

State File No. _____
Registrar's No. 335

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1202 W. Phelps
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community 3 months
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME James Henry Terry
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18
year 1946 hour 1:00 minute A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hannah Terry
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: April-27-1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1946 to April 18, 1946;
that I last saw him alive on April 17, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death: Double Lobar

8. AGE: Years Months Days If less than one day
80 11 21 X hr. X min.

Due to Pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Webster Co., Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business Farm
12. Name Abner Terry
13. Birthplace UNK. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace UNK. Unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Charley Terry
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 4-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Good Spring

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature D. F. Schmitt (M. D. or other)
Address Ringva Date 4-18-46
mo

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 4-19-46 (b) D. F. Schmitt
(Date received local registrar) (Registrar's signature)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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.....
[Handwritten Signature]

Licensed Embalmer No. *3312*

P. O. Address..... *Manchester 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.