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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19268

FILED MAY 16 1946

Registration District No. 360 Primary Registration District No. 3026 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 402 S cedar
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon

(c) City or town nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 402 S cedar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward mason Teel

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 widowed

6. (b) Name of ~~husband~~ or wife Jane E. Teel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased may (Month) 13 (Day) 1867 (Year)

8. AGE: Years 78 Months 10 Days 18 If less than one day hr. min.

9. Birthplace pleasanton (City, town, or county) Kansas (State or foreign country)

10. Usual occupation merchant - clerk

11. Industry or business Grocery

FATHER
12. Name peter Teel
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Emmet G. Teel
(b) Address nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof april 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial park

18. (a) Signature of funeral director Gary Funeral Home
(b) Address Nevada, Missouri

19. (a) 4-8-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 Mark Eulinger (M. D. or other) Coroner

Address Nevada, Mo Date signed 2/31/46

1331 (Licensed Embalmer's Statement on Reverse Side)

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

18145

SEP 30 1946

RECEIVED
District Health Officer No. 7
District File Number 4-46-450
Date Filed 5-13-46

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 F. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Neosho 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.