

S. No. 2  
4-8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

22536

State File No. \_\_\_\_\_

Registrar's No. 11

# FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 371

Primary Registration District No. 4541

### 1. PLACE OF DEATH:

(a) County Webster  
 (b) City or town Fardland  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(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

### 3. (a) PRINT FULL NAME

Nancy C. Terrell

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex <u>Female</u>	5. Color or race <u>W.</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>John Terrell</u>	6. (c) Age of husband or wife if alive <u>85</u> years	
7. Birth date of deceased <u>Mar 1 1867</u>	<small>(Month) (Day) (Year)</small>	

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Mo. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Airam Sartin  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Rogue  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Hennigh  
 (b) Address Fardland, Mo.

17. (a) Burial (b) Date thereof June 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Fardland, Mo.

18. (a) Signature of funeral director Kelley, Benell-Bergman  
 (b) Address Fardland, Mo.

19. (a) July 1 1946 (b) Peter W. Good  
(Date received local registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster  
 (c) City or town Fardland  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
 year 1946 hour 8.20 minute 20 a.m.

21. I hereby certify that I attended the deceased from June 17 1946 to June 17 1946  
 that I last saw him alive on June 17 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
 Due to Arterio-sclerosis

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? \_\_\_\_\_

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

23. Signature A. R. Schultz (M. D. or other) MD.  
 Address Fardland, Mo. Date signed 7/1/46

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

RECEIVED  
District Health Officer No. 6,  
District File Number 746-708  
Date Filed JUL 3 - 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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.