

S. No. 2
FORM-5-43
Rev. 5-17-39
X 38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39510
State File No.

FILED DEC 30 1946

Registration District No. 2

Primary Registration District No. 4015

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Aitchison

(b) City or town Westboro
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Aitchison

(c) City or town Westboro
(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 _____

3. (a) PRINT FULL NAME John Henry Teague

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 12
year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 16 1946 to DEC 12 1946
that I last saw him alive on DEC 12 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

7. Birth date of deceased: Aug. 26 1890
(Month) (Day) (Year)

Immediate cause of death CHRONIC MYOCARDITIS

Duration YEARS

Due to _____

Due to _____

Other conditions CHOLELITHIASIS
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
76 3 16 hr. _____ min.

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

10. Usual occupation laborer

Major findings:
Of operations 126

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name James L. Teague

13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Weaver

15. Birthplace Jenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Shultz
(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof Dec. 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walden Grove

18. (a) Signature of funeral director Walter Fisher
(b) Address Westboro Mo

19. (a) Dec 16 - 46 (b) W. H. Cunningham
(Date received local registrar) (Registrar's signature)

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? _____ (z) Means of injury _____

23. Signature Shs Fay (M. D. or other) _____
Address Westboro Date signed 12-14-46

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

0000

38

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Scott Tucker

....., Registered Apprentice No.

working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro 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.