

REC'D AUG 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25781
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson(b) Township FORT OSAGE(c) City BucknerRegistration District No. 396Primary Registration District No. 4233

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Ann Derby(a) Residence, No. Buckner Mo

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—

HUSBAND OF
(OR) WIFE OFRobert Derby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7781

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

HOUSEWIFE10. Date deceased last worked at this occupation (month and year) about 5 yrs

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Vienna Ohio

FATHER

13. NAME Thomas Brannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Vienna Ohio

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Vienna Ohio

17. INFORMANT (ADDRESS)

Mrs Edith Vaughan Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BucknerDATE July 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Vernon Peppert Buckner Mo.20. FILED July 17 19391939John W. Robertson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1939

22. I HEREBY CERTIFY That I attended deceased from

July 13 1939, to July 16 1939(I last saw her alive on July 16 1939. Death is saidto have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

HypertensionName of operation none Date of _____What test confirmed diagnosis? Obvial Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19____Where did injury occur? X

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John W. Robertson M. D.(Address) Buckner 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,

J. M. Reppert

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. M. Reppert

Licensed Embalmer No. *2321*

P. O. Address *Backus 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, above space should be left blank.