

2-40
39
23159

Registration District No. 40

Primary Registration District No. 4074

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township) 2
(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 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Hubert Granville Derrough

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 Married

6. (b) Name of husband or wife Mrs Della Derrough 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11th, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 25 hr. min.

9. Birthplace Henry County, MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian 9

11. Industry or business _____

12. Name Granville J. Derrough 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs Della Derrough

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs, MO.

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) June 7-1940 (b) My Josephine Nye
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1940 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 6
1940 to June 6, 1940
that I last saw him alive on June 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Elevation

Due to Artero-Sclerosis

Other conditions (Include pregnancy within 3 months of death) g.f.w.

Major findings: Of operations _____

Of autopsy _____

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? 40

While at work? yes (Specify type of place) (e) Means of injury _____

Signature G.E. Duacitt (M. D. or other) M.D.

Address Lamar, Mo. Date signed 6/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 740-2354

Date Filed

JUL 11 1940

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.....

Licensed Embalmer No. 3141

P. O. Address Lamar, Ind

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.