. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34968

NOV 19 1940

Registration District No. 175 Primary Registration District No. 5170 B Registrar's No.

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Richland, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural route (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Deberry
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 Wife Margaret Deberry
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June (Month) 5 (Day) 1855 (Year)

8. AGE: Years 85 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Levittsville, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Thomas Deberry (Father)
13. Birthplace unknown (City, town, or county) Maryland (State or foreign country)
14. Maiden name Emma Johnson (Mother)
15. Birthplace unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Luther Deberry
(b) Address Richland, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Elm Grove
18. (a) Signature of funeral director R. B. Draper
(b) Address Richland Mo
19. (a) Oct 31-1940 (Date received local registrar) Mrs Mae Pearl Mooney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27, 1940 year hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 9-1940, 19, to Oct 27, 1940; that I last saw him alive on Oct 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	15 years
Due to Old age	
Due to Born too soon	
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 Everett A. Oliver (M. D. or other)
Address Richland Mo Date signed 10-28-1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1587
Date Filed 11-12-40

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.

Not Embalmed

Signed [illegible]

Licensed Embalmer No. 3198

P. O. Address Richland

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.