

Registration District No. _____

Primary Registration District No. 4328

Registrar's No. 50

FILED NOV 25 1940

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1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Princeton, Mo.
(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) 20
(d) Length of stay: In hospital or institution No
(Specify whether years, months or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? All in U. S. A. years.

3. (a) PRINT FULL NAME Ulyssus Grant Derry

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

4. Sex Male race White 5. Color or race _____
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Ann Derry 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 24, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Princeton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Jacob J. Derry

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

14. Maiden name _____
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Lloyd Derry

(b) Address Princeton Mo

17. (a) Buried (b) Date thereof Oct 13 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (a) Signature of funeral director Doc Mess

(b) Address Princeton Mo

19. (a) 10/12-40 (b) J. M. Derry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day October
year 1940 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Sept. 14, 1940, to October 11, 1940; that I last saw him alive on October 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia, the result of cardio-vascular-renal degeneration (2 months)
Due to following a hip injury, the result of a fall in the yard
Due to of home on Sept. 14th 1940.

Duration
Unknown

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

Major findings:
Of operations _____
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? Princeton, Mercer Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fall yard of home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature A. S. Bristow (M. D. or other) M.D.
Address Princeton, Mo Date signed 10/11/40

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Hall Moss

Licensed Embalmer No.

2634

P. O. Address

Princeton, 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.