

13-40
17-39
K23137

MAR 21 1941

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Keokuk

(c) Name of hospital or institution: Summit Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles O. Derr

3. (b) If veteran, name war

3. (c) Social Security No. Derr

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Ellen

6. (c) Age of husband or wife if alive 12 years (Month) (Day) (Year)

7. Birth date of deceased June 12 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 7 19 hr. min.

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

10. Usual occupation Insurance Dealer

11. Industry or business Insurance Dealer

12. Name Charles Derr

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Mrs. J. M. Ferkent

(b) Address Keokuk

17. (a) Burial (b) Date thereof 2/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City

18. (a) Signature of funeral director B. E. Dyer

(b) Address Keokuk Mo.

19. (a) Feb. 13/41 (b) Spencer L. Derr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 98

(c) City or town Queen City, Mo
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day February
year 1941 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 10, 1941, to Feb 13, 1941; that I last saw him alive on Feb 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia 10 days

Due to Influenza 14 days

Due to 252W

Other conditions 252W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature W. Strang (M. D. or other) Med

Address Keokuk Mo Date signed 2/13/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 101

District File Number 3-41-645

Date Filed MAR 19 1941

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.....

P. O. Address.....

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.