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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22916

22 1941 839
in District No.

Primary Registration District No. 6101.

State File No.

Registrar's No. 16.

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Camden - Blount Co. Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1 mi. N. W. 1/4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Stoddard
 (c) City or town Blount Co. Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph B. Derumpton
 3. (b) If veteran, name war no 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 29 year 1941 hour 7:30 minute _____ P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced g
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct 22 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 11 1941 to June 29 1941.
 that I last saw him alive on June 29 1941 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Bronchitis Duration _____

8. AGE: Years 74 Months 8 Days 7 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Stoddard, Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Harold Derumpton
 13. Birthplace Stoddard, Mo. (City, town, or county) (State or foreign country)
 14. Maiden name May Catherine Derumpton
 15. Birthplace Perm (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
1068

16. (a) Informant Leg Smith
 (b) Address Blount Co. Mo.
 17. (a) Burial (b) Date thereof June 30 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kinders, cem.
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 1-41 (b) J. P. Bracken
 (Date received local registrar) (Registrar's signature)

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? ✓
 While at work? ✓ (Specify type of place) (e) Means of injury _____
 23. Signature J. P. Bracken (M. D. or other) o
 Address Blount Co. Mo. Date signed 6-30-41

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

RECEIVED

District Health Officer No.

District File Number 741-981

Date Filed 7/19/41

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.