DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25896

District No. 704

Primary Registration District No. 5933

Registrar's No.

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

1. PLACE OF DEATH

(a) County Polk

(b) City or town ~~Morris Ville~~ (West Looney Twp) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: East of Morris Ville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Morris Ville (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. East of Morris Ville (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Margaret Emline Derossett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Derossett

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 14 (Day) 1853 (Year)

8. AGE: Years 87 Months 3 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Alex Clark
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

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

16. (a) Informant Mrs. Nora Degoa Ffenreid

(b) Address Bolivar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ville Cemetery

18. (a) Signature of funeral director William D. Erwin

(b) Address Pleasant Hope Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19..; that I last saw her alive on Dec. 20 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to .....

Due to .....

Other conditions Cerebral hem - (Include pregnancy within 3 months of death) orrhage - 2 yrs previous

Major findings:
Of operations .....
Of autopsy .....

Duration

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 D. J. Harvey (M. D. or other) D

Address Morris Ville Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1254
Date Filed 8-7-41

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 Millard D. Erwin

Licensed Embalmer No. 3095

P. O. Address Bolivar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
8-21-41
X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 25-896

Registration District No. 704 Primary Registration District No. 5933 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Margaret E. Derasett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Dec 27-1940 (Date received local registrar) (b) Mrs. W. J. Harrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 27 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY