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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 14 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35105

Registration District No. 377

Primary Registration District No. 4219

Registrar's No.

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 044

(c) City or town Oregon 0
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ 0 years.

3. (a) PRINT FULLNAME William Alexander Sharp Derr

3. (b) If veteran, name war. None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1941 hour 3:30 minute _____ A. M.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ida Belle Derr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 4 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4, 1935, to Oct 16, 1941, that I last saw him alive on Oct 15, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>Eighty Six</u>	<u>Six</u>	<u>Twelve</u>	_____ hr. _____ min.

Immediate cause of death Arterial insufficiency 6 yrs

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

Due to _____

Due to 920

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Ferdinand Derr 4

13. Birthplace Unknown Holland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Kissinger

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

16. (a) Informant Thomas Derr

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Oct. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (e) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Missouri

19. (a) Oct 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no operation

Of autopsy none made

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? none (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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 11/17/41

224 (Licensed Embalmer's Statement on Reverse Side)

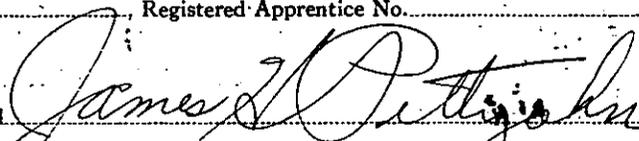
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 3192

P. O. Address Oregon, Missouri

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.