

FILED DEC 9 1941

State File No.

Registration District No. 926

Primary Registration District No. 5859

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Ozark, B. & Brock Twp.

(b) City or town Lulu, Mo.

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

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

In this community Most of Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark Twp.

(c) City or town Lulu, 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 FLORENCE E DERRICK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Kelley H. Derrick

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec 28 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Samuel Merritt Jr.

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

14. Maiden name Malley E. Waskins

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

16. (a) Informant Jessie Derrick Base

(b) Address Lulu, Mo.

17. (a) Burial (b) Date thereof Nov-30-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu, Mo.

18. (a) Signature of general director H. L. Marler

(b) Address Barnesville, Mo.

19. (a) 11-30-1941 Mary F. Johnson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov- day 28 year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July-12-1941 to Nov-28-1941 that I last saw her alive on Nov-28-1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver

Due to _____

Due to _____

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

Major findings: Of operations 468

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? _____

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

23. Signature M. J. Fairman (M. D. or other)

Address Barnesville, Mo. Date signed 11-29-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1772

Date Filed DEC 5 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.