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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10227

State File No. 6 F

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 354

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution:
2207 Vories Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years, 7 months, 11 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 011

(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL") 7

(d) Street No. 2207 Vories Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Willard D. Derossett,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August 22nd. 1929,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
12	7	11	hr. min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Junior High School

FATHER
12. Name Willard W. Derossett,
13. Birthplace Bolivar, Missouri, 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillian M. Canfield,
15. Birthplace Kansas City, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Willard W. Derossett
(b) Address 2207 Vories Street,

17. (a) Burial (b) Date thereof 4/6/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery,

18. (a) Signature of funeral director Heaton - Bergold Bowman Funeral Home
(b) Address 319 So. 10th Street,

19. (a) April 6-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.
year 1942 hour 11:00 minute 40 p M.

21. I hereby certify that I attended the deceased from Jan. 15-42, 19__, to April 3, 1942
that I last saw him alive on April 3, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Lymphatic Leukemia	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74a	

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

23. Signature J. J. Shanollin (M. D. or other) MD
Address Kirkpatrick Bldg. Date signed 4/5/42

1233

(Licensed Embalmer's Statement on Reverse Side)

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 4-3-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3207

P. O. Address 319 Sno St Joseph Mo.

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.