

ED JUL 7 1943

Registration District No. _____

Primary Registration District No. **4021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Audrain**

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

(c) Name of hospital or institution: **Home 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **home**
(Specify whether years, months or days) **61 years**

In this community **61 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain**

(c) City or town **Ladonia, Mo. 4**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

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

3. (a) PRINT FULL NAME **PATRICK HENRY DERRICK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ida Derrick** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **March 17 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Miller**

11. Industry or business **Milling**

12. Name **Not known**

13. Birthplace " " **9**
(City, town, or county) (State or foreign country)

14. Maiden name " " **9**

15. Birthplace " " **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs PH Derrick**

(b) Address **Ladonia, Mo.**

17. (a) **burial** (b) Date thereof **June 9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ladonia, Mo.**

18. (a) Signature of funeral director **H G Grainger**

(b) Address **Ladonia, Mo.**

19. (a) **June 8 43** (b) **D W Watkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1943** hour **6** minute **30A.M.**

21. I hereby certify that I attended the deceased from **MAY 3 1943** to **JUNE 7 1943**
that I last saw him alive on **JUNE 7 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **30min**

Due to **acute Endocarditis** **1 Me.**

Due to **Bronchial Pneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g f**

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 **D W Watkins** (M. D. or other) **DO**

Address **Ladonia, Mo.** Date signed **6/18/43**

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

4000

RECEIVED

District Health Officer No. 10

District File Number 7-43-1124

Date Filed JUL 3 1943

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 H. G. Grainger, Registered Apprentice No. _____ working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 11297

P. O. Address Ladonia, Md.

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.