

FILED JUL 14 1943

State File No. ....

Registrar's No. 17

Registration District No. 17

Primary Registration District No. 4028

1. PLACE OF DEATH:

(a) County Barton

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

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

(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Liberal  
(If outside city or town limits, write "RURAL" 8)

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

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

3. (a) PRINT FULL NAME EMMA DELLA DERMOTT

3. (b) If veteran, name war: ..... 3. (c) Social Security No. ....

4. Sex Female | 5. Color or race White

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

6. (b) Name of husband or wife Charles B. Dermott 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 9 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Shelby County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business: .....

MOTHER FATHER { 12. Name Solomon Royse

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

14. Maiden name Mary Frances McCabe

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

16. (a) Informant Mrs. Beulah F. Wolf

(b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof June 10 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) June 10-43 (b) Blanche Sackett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/1 1943 to 6/1 1943;  
that I last saw her alive on 6/1 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Periculous Anemia Duration

Due to Cause not discovered

Due to 73a

Other conditions 0  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other) 1

Address Liberal, Mo Date signed 6/9/43

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

RECEIVED

District Health Officer No. 6,

District File Number 743-831

Date Filed June 6 1943

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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..... *Carl J. Kowitz*

Licensed Embalmer No. 2247

P. O. Address..... Lamar, 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.**