

FILED FEB 11 1944

Registration District No. _____

Primary Registration District No. **3011**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
310 North Monroe St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital
In this community 75 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 310 North Monroe St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Reynolds Derry.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie Harper Derry 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 30 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 15 hr. min.

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

10. Usual occupation Insurance Business

11. Industry or business Express Agt.

MOTHER FATHER { 12. Name Absolem Reynolds
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Derry
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Derry
(b) Address Carrollton Mo.
17. (a) Burial (b) Date thereof Jan. 18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery.

18. (a) Signature of funeral director Willis Marshall
(b) Address Carrollton Mo.
19. (a) 1-18-1944 (b) Mrs James R. Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15,
year 1944 hour 7 minute 00AM AM.

21. I hereby certify that I attended the deceased from Dec. 1
1943 to Jan. 15 1944
that I last saw him alive on Jan. 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Insufficient old age
Due to from being exposed out
Due to from flu. 1940.

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations Z Z a
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 R. Hamilton Stetson (M. D. or other)
Address Carrollton Mo Date Jan 16 1944

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-00

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 myself

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carroll, 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.