

FILED DEC 13 1944

State File No. \_\_\_\_\_

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Tarkio  
(If outside city or town limits, write "RURAL" and name of township)  
(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. 64 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Tarkio  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ---

3. (a) PRINT CHARLES HOWARD DERRY  
FULL NAME

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

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced mar  
6. (b) Name of husband or wife Sarah Ann Derry 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased August 4, 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retd day laborer

11. Industry or business

12. Name James Derry  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant James Derry  
(b) Address Tarkio, Mo

17. (a) burial (b) Date thereof 11/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery  
(a) Signature of funeral director Davis Funeral Home  
(b) Address Tarkio, Mo.

19. (a) Wm. H. Derry (b) Mrs. H. Derry  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18  
year 1944 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov 6, 1944 to Nov 17, 1944  
that I last saw him alive on Nov 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia secondary to influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 33  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations \_\_\_\_\_  
Of autopsy ✓

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) \_\_\_\_\_ (Means of injury) ✓  
While at work \_\_\_\_\_  
23. Signature A. S. Haskell (M. D. \_\_\_\_\_)  
Address Tarkio Mo Date signed 12/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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..... *J. M. Davis*  
Licensed Embalmer No. 2394  
P. O. Address Tarkio, 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.**