S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27110

State File No.

Registration District No. 10

Primary Registration District No. 5283

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Rural Union Twp
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Rural Union Twp
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Derkson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. W. /

5. Color or race W.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 2. (Day) 1876 (Year)

8. AGE: Years 68 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Clark Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John A. Derkson
13. Birthplace (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Eva C. Gilig
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Minnie Derkson
(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ceder Grove Cem.

18. (a) Signature of funeral director Fred J Karle
(b) Address Kahoka Mo.

19. (a) 7-28-45 (Date received local registrar) (b) Reryd Boston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1945 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan. 1944 to Feb 28 1945; that I last saw her alive on Feb. 20 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular disease of the heart	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 920	

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 P. W. Jennings (M.D. or other) MD
Address Canton, Mo. Date signed 7/21/45

10 13

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1945

RECEIVED
District Health Officer No. 10
District File Number 8-45-1228
Date Filed AUG 16 1945

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 F. J. Karre

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.