

S. No. 2
OM-5-43
REV. 5-17-39
I X38671

FILED OCT 4 1945
Registration District No. **80**

Primary Registration District No. **4964**

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural *Patience*

(c) Name of hospital or institution:
North of Fairfax Airport *9*

(d) Length of stay: In hospital or institution no.

In this community passing through (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County 999

(c) City or town Broken Bow 25

(d) Street No. unknown 0

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country X

3. (a) PRINT FULL NAME Warren E. Derrickson, #0-740381

3. (b) If veteran, name war World War #2

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown

8. AGE: Years Months Days If less than one day

unknown hr. min.

9. Birthplace unknown 7

10. Usual occupation First Lieut. (Pilot)

11. Industry or business Army

12. Name unknown

13. Birthplace unknown 9

14. Maiden name unknown

15. Birthplace unknown 9

16. (a) Informant U. S. Army

(b) Address Kansas City, Mo.

17. (a) removal (b) Date thereof 9-18-45

(c) Place: burial or cremation Broken Bow, Nebraska

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-15-45 (b) Ma. O. Phis. Rallim

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1945 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Broken Bow, 1945, to , 19 ;

that I last saw h. alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Complete evisceration, amputation of head and legs, multiple fracture entire body

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - 83

(b) Date of occurrence 9-15-45

(c) Where did injury occur Platte County, Missouri

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

While at work? yes (Specify type of place) airplane

(e) Means of injury crash

23. Signature James Walker (M. D. or other)

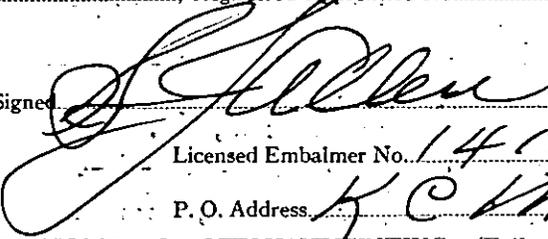
Address 1424 1/2 W. 10th Date signed 9-15-45

STATEMENT BY LICENSED EMBALMER

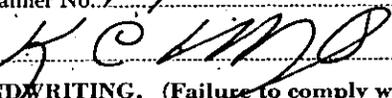
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1415.....

P. O. Address .....

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.