

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1316

FILED JAN 21 1946

State File No.

5451

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
2700 Tracy Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Lawrence 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 Vermont, 0
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME George F. Derby

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alta Derby

6. (c) Age of husband or wife if alive 17 years 1868

7. Birth date of deceased (Month) (Day) (Year)

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

77 7 13 hr. min.

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

10. Usual occupation Stockman

11. Industry or business

12. Name Fred Derby

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

14. Maiden name Clara White

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

16. (a) Informant Mrs. Grace Wanderlick

(b) Address Drake Hotel, Kansas City, Mo.

17. (a) removal (b) Date thereof 12-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas,

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

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

19. (a) 12-31-45 (b) Thalidine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1945 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 21, 1945 to Dec. 30, 1945
that I last saw him alive on Dec. 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Handa Pallo (M. D. or other) MD

Address 1132 Prof. Bldg. Kansas Date signed 12/31/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100263

Croft Bldg
162 P.M.

Dr. Pallett

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 *[Signature]*
Licensed Embalmer No. 1465
P. O. Address 15 C 1st

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.