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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5342

Registration District No. 132 Primary Registration District No. 5474 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Hickory Creek Jefferson twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Hickory 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Amos Derry

3. (b) If veteran, name war no

3. (c) Social Security No. 308-14-3995

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 22 (Day) 1876 (Year)

8. AGE: Years 69 Months 1 Days 30 If less than one day hr. min.

9. Birthplace Mercer Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired section foreman

11. Industry or business R I RR

FATHER
12. Name Jacob Derry
13. Birthplace Mercer Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Sarah Brummett
15. Birthplace Mercer Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Nova Derry
(b) Address Hickory Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 24 (Day) 46 (Year)
(c) Place: burial or cremation Princeton Cem -

18. (a) Signature of funeral director Gipson F Home
(b) Address Trenton Mo

19. (a) 1-31-46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1946 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 940	
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 5

23. Signature Rafan Meter Coroner
Address Trenton Mo Date signed 1-23-46

115

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Wesley H. Bradford

Licensed Embalmer No. 4370

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.