S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13108

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 312

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620 West Poplar Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 620 West Poplar Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN ROBERT DERRY

3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lenora J. Derry
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased February (Month) 22, (Day) 1869 (Year)

8. AGE: Years 78 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Brown County, (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Orchard operator

FATHER
12. Name Oliver H. Derry 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tilda Wilks
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. H. O. Derry
(b) Address Buffalo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 3/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-3-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1, year 1947 hour 4! minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-12, 1947 to 4-1, 1947 that I last saw him alive on 3-31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency — Duration 3 mo

Due to Arterio Sclerosis — Yes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93 E

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 [signature] (MD) (Author)
Address Springfield, Mo. Date signed 4/2/47

(Licensed Embalmer's Statement on Reverse Side)

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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jesse A. E. Mundell

Licensed Embalmer No. 2831

P. O. Address Springfield 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.