

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7557

State File No. _____
Registrar's No. _____

Registration District No. 366 Primary Registration District No. 6208

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

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Hartshorn Rural current
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
State MO (b) County TEXAS 107
(c) City or town RURAL
(d) Street No. 7ML NORTH SUMMERSVILLE
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Arlena — Derryberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month JAN day 25
year 1948 hour 2 minute A M.
21. I hereby certify that I attended the deceased from JAN 20 1948 to JAN 25 1948
that I last saw her alive on JAN 24 1948
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Sept 7 1877

Immediate cause of death Lobar pneumonia
Influenza
Due to _____
Due to _____

8. AGE: Years 70 Months 4 Days 19
9. Birthplace Texas (City, town, or county) Mo. 0 (State or foreign country)

Other conditions: _____
Major findings: 33A
Of operations _____
Of autopsy _____

10. Usual occupation none
11. Industry or business none
12. Name Daniel Derryberry
13. Birthplace unknown
14. Maiden name Rachel Asher
15. Birthplace unknown

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

16. (a) Informant Ida Smith
(b) Address Hartshorn, Mo.
17. (a) Burial (b) Date thereof 1 26 1948
(c) Place: burial or cremation Antick Cemetery
18. (a) Signature of funeral director none
(b) Address _____

23. Signature Dr. Lawrence Hough (M. D. or other) 28
Address Summersville Date signed Feb 8

19. (a) 2-9-1948 (b) WMA C E Murfin

EIVED

No. 5

Filed

RECEIVED

District Health Officer No. 5

District File Number 348.135

Date Filed 3-4-48

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.....

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.