No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 12140

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 300

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: O'Reilly VA Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months (Specify whether
In this community 8 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Sangamon
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 127 W. Cedar (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DERBYSHIRE, Thomas
3. (b) If veteran, name war WW Two
3. (c) Social Security No. -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2-6-02 (Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Hudson, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation Instrument man
11. Industry or business
FATHER
12. Name William Derbyshire
13. Birthplace Lenawee County, Michigan (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lona Osborne
15. Birthplace Lenawee County, Michigan (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address VAH, Springfield, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hudson, Mich.
18. (a) Signature of funeral director Norman Scharff Funeral Home
(b) Address Springfield, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 8 minute 45 P M.
21. I hereby certify that I attended the deceased from 8-7-47, 19..., to 4-7-48, 19...; that I last saw him alive on 4-7-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, active, Far Advanced.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? Means of injury

23. Signature PAUL L. EISELE (M. D. ~~or other~~)
Clinical Director
Address VAH, Springfield, Mo. Date signed 4-8-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 12 1955

## 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 Harry Hyde, Registered Apprentice No. 479, working under my personal supervision.

Signed Lewis G Schaefer

Licensed Embalmer No. 3802

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.