

AN 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43912
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 498
(b) Township Bucklin Primary Registration District No. 4301 Registered No. 21
(c) City Bucklin (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 25 yrs. (If death occurred in Hospital or Institution, write its name instead of street and number) mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

660 CHARLES EDWARD DERRY
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Derry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

FATHER 13. NAME Basel Derry 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER 15. MAIDEN NAME Sarah - Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT Lula B. Derry (ADDRESS) Bucklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Methodist Cem. Bucklin Mo DATE Dec 19, 1939

19. FUNERAL DIRECTOR (NAME) Parson Funeral Service (ADDRESS) Bucklin, Mo.

20. FILED 12-18 1939 J. L. Cantwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1939 to Dec 17, 1939
I last saw him alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 3:20 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza
Other contributory causes of importance: _____
Date of onset 12-3-39

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. L. Cantwell, M. D.
(Address) Bucklin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;

District File Number

140-7997

Date Filed JAN 19 1940

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.

Body was Not Embalmed

Signed

E. A. Larson

Licensed Embalmer No.

4037

P. O. Address

Bucklin, 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, above space should be left blank.