

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 413 North Elson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catharine Derfler

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Euhart Derfler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 19 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 5 20 hr. min.

9. Birthplace Dofertin Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business 1

MOTHER FATHER
12. Name Joseph Novinger
13. Birthplace Mulberg Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Rosenhauer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Hughes
(b) Address 413 N. Elson, Kirksville
17. (a) Burial (b) Date thereof 1-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Novinger Cem.

18. (a) Signature of funeral director DeWiley
(b) Address Kirksville Mo
19. (a) 1-13-40 (b) Spencer S. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 413 North Elson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 27, 1939 to Jan 9, 1940
that I last saw her alive on Jan 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 days
arteriosclerosis
Due to Senility

Other conditions J.W.
(Include pregnancy within 3 months of death)

Major findings: Of operations

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? _____

While at work? (Specify type of place) (e) Manner of injury _____
23. Signature Roy M. Tol (M. D. or other) _____
Address Kirksville Mo Date signed 1/13/40

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

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. 10

District File Number 2-40-421

Date Filed FEB 13 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

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.