

JUL 26 1943 **340**

Registration District No. **340**

Primary Registration District No. **4503**

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(c) Name of hospital or institution: 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 _____
years, months or days)

3. (a) PRINT FULL NAME Eddie Anna Derosett,

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, Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July, 9, 1852. (Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business
12. Name William, Edrington,
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace !! (City, town, or county) (State or foreign country)

16. (a) Informant C. D. Lewis,
(b) Address Bernie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.29.43 (Month) (Day) (Year)

(c) Place: burial or cremation MaBernie, Bern Mo. Ser. Watkins Funeral. Ser

18. (a) Signature of funeral director Dexter, Mo.
(b) Address _____

19. (a) 6-30-43 (Date received local registrar) (b) Carolee Miller (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 27, year 1943 hour 9 minute A.P.

21. I hereby certify that I attended the deceased from June 15, 1943, to June 27, 1943 that I last saw her alive on June 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of intestines

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
30 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) Means of injury 2

23. Signature F. D. Atley, D.O. (M. D. or other) Address Box 157 Bernie Mo. Date signed 6/28/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1183

RECEIVED

District Health Office No. 2;

District File Number 743-942

Date Filed 7-23-43

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 Hunter Albright

Licensed Embalmer No. 4210

P. O. Address Stanton

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.