

FILED MAR 30 1945

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town, write "RURAL" and name of township)

(c) Name of hospital or institution: 620 Poplar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 54 years

3. (a) PRINT FULL NAME Louise Jane Derry

3. (b) If veteran, name war Yuk.

3. (c) Social Security No. Yuk.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Derry

6. (c) Age of husband or wife if alive Wife years 2, 1869

7. Birth date of deceased (Month) March (Day) 2 (Year) 1869

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Long Home

12. Name David Blue

13. Birthplace Yuk. Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Duffey

15. Birthplace Yuk. Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Derry

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-6-45
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Chas. Johnson

(b) Address Springfield, Mo.

19. (a) 3-5-45 (Date received local registrar)

(b) W. H. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town, limit word "RURAL") 59

(d) Street No. 620 Poplar
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1945 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 25, 45
to March 3 1945
that I last saw him alive on March 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to.....

Due to.....

Other conditions organic Heart Disease
(Include pregnancy within 6 months of death) Coronary Occlusion

Major findings:
Of operations.....
Of autopsy 950

Duration

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?

18. (a) Signature of funeral director while at work?..... (Specify type of place)

(c) Means of injury 2

23. Signature W. H. Handley (M. D. or other).....
Address Springfield, Mo. Date signed Mar 5-45

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

9
2
6

984

24

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..... *E. A. Roof*

Licensed Embalmer No. *3044*

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.

X