RECD MAY 10 1939

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

16348
Do not use this space.

1. PLACE OF DEATH
(a) County Texas
(b) Township Cass
(c) City ~~Tyrone~~ P.O.
Registration District No. 865
Primary Registration District No. 61463
Registered No. 8
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Deliah Joan Ussery
(a) Residence, No. 260 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1939

7. AGE: YEARS -- MONTHS I DAYS 19 If LESS than 1 day, ... hrs. or ..... min. ------

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. --------
10. Date deceased last worked at this occupation (month and year) -----
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tyrone (STATE OR COUNTRY) Mo.

FATHER
13. NAME Joseph L. Ussery
14. BIRTHPLACE (CITY OR TOWN) Norwood (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ada A. Harrison
16. BIRTHPLACE (CITY OR TOWN) Tyrone (STATE OR COUNTRY) Mo.

17. INFORMANT Joseph L. Ussery (ADDRESS) Tyrone Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tyrone Mo. DATE April 26 1939

19. FUNERAL DIRECTOR (NAME) J. V. Elliott (ADDRESS)

20. FILED Apr-26-39 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22d ~~19~~ 1939

22. I HEREBY CERTIFY, That I attended deceased from April 8 1939 to April 22 1939
I last saw h. alive on April 22 1939 2-15 P.M. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Septicemia (contributory)	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) L. M. Adkins, M. D.
(Address) Houston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.