

REC'D JUN 8 1939

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

17522
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON | Registration District No. 379
 (b) Townshp. KAW | Primary Registration District No. 1002 Registered No. 1924
 (c) City KANSAS CITY | (d) Street No. ST. LUKE'S HOSPITAL 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 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS GRACE GARNETT GREGORY DELLINGER
 (a) Residence, No. 4206 GENESEE 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 FEMALE | 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 VIRGIL A. DELLINGER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-21-1904
 7. AGE YEARS 35 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 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) CLARINDA | (STATE OR COUNTRY) IOWA

FATHER 13. NAME EUGENE W GREGORY
 14. BIRTHPLACE (CITY OR TOWN) CRAIG | (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME CORA H. DUNN

16. BIRTHPLACE (CITY OR TOWN) CRAIG | (STATE OR COUNTRY) MISSOURI

17. INFORMANT MR VIRGIL A. DELLINGER (ADDRESS) 4206 GENESEE STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE May 8 39

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SON'S (ADDRESS) 1401 BRUSH CREEK BLYD

20. FILED May 8 1939 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 15 1939 to May 6 1939
 I last saw her alive on May 5 1939. 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:

Post. Operative Intest. Obstr. Date of onset
1. (Hypertension - ab 18/1939)
2. (Refractive Intest. Bands - ab 28)
Terminal Pneumonia
 Other contributory causes of importance:
Recent Peritonitis (Post Op)
(after operation)
Hypertensive Endocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
 If so, specify _____

(Signed) Wm. R. Whelan M.D.
 (Address) 1401 Br. Ck. Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address.....

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.