

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.

JAN 15 1940

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

711 =
44277
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 1004 West 16th. 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.

JAN 15 1940 2

2. PRINT FULL NAME

4110 Laura Belle DeLapp
(a) Residence, No. 1004 West 16th. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. DeLapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Missouri

13. NAME William Thomas Settles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Laura A. Lucas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Beulah S. Matthews
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE Dec. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED 12-5-39 Mrs. Harry Sneed
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1939 to Dec 4, 1939
I last saw him alive on Dec 3, 1939 Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Hemorrhage of Brain
Other contributory causes of importance:
Chronic emphysema of lungs
Old pulmonary ulceration
Chronic myocardial

Name of operation none Date of none
What test confirmed diagnosis Chronic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Chronic emphysema, U.S.
(Signed) Chas. Condit M. D.
(Address) Sedalia, Mo.

Date of onset Nov 14
Lungs

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/27/31

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 L. E. Baulchin, Registered Apprentice No. _____ working under my personal supervision.

Signed L. E. Baulchin
Licensed Embalmer No. 3847
P. O. Address Seaside, N.J.

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.