

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15787**

Registration District No. **676**

Primary Registration District No. **4402**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Phelps**
(b) City or town **Newburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days **4 25**

3. (a) PRINT FULL NAME **General Leroy Delashmit**

3. (b) If veteran, _____ (c) Social Security name war _____ No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Kathy Delashmit** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **mar 6 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Phelps County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business _____

12. Name **Alexander Delashmit**

13. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dean**

15. Birthplace **Phelps County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Lucas**

(b) Address **Newburg Mo.**

17. (a) **Burial** (b) Date thereof **Apr 14-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newburg**

18. (a) Signature of funeral director **Lee Johnson**

(b) Address **Newburg Mo.**

19. (a) **Apr 14-1940** (b) **Lee Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Phelps**
(c) City or town **Newburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**
year **1940** hour **6:00** minute **a** M.

21. I hereby certify that I attended the deceased from **July 1**
1940 to **Apr 12**, **1940**
that I last saw him alive on **Apr 12**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Embolus**

Due to **Carcinoma Liver & Intestines**

Due to _____

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

Major findings: Of operations _____

Of autopsy **None**

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? _____

963 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **R. E. Brewer** (M. D. or other) _____
Address **Newburg Mo** Date signed **4/12/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

81
1
0

46

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. 3292

working under my personal supervision.

Signed

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-787

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 176

Primary Registration District No. 4402

Registrar's No.

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

ROWENA MOORE

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution:

(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 General Leroy Delachmit

3. (b) If veteran, name war _____

(c) Social Security No. _____

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 1 6 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

20. DATE OF DEATH: Month apr day 12
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____

that last saw him alive on _____ 19 _____

that the death occurred on the date and hour stated above

Immediate cause of death Cardiac Embolus
Carcinoma Liver and
intestines

Due to Carcinoma Liver
R. E. Brewer MD
6/12/40

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

Major findings: _____

Of operations _____ 46

Of autopsy _____

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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature R. E. Brewer (M. D. or other) _____

Address Newburg Mo. Date signed _____

SUPPLEMENTAL

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

