S. No. 2
-11-10-39
5-17-39
X21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 17937

Registrar's No. 584

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. St. Anns' Catholic Church (If rural, give location)

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

3. (a) PRINT FULL NAME William Dennis Delaney 450

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 6 (Day) 1880 (Year)

8. AGE: Years 60 Months 4 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Clergyman

11. Industry or business Roman Catholic Church

FATHER
12. Name Dennis Delaney
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth O'Donaghue
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Most Rev. C. H. LeBlond

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Clivet Cemetery.

18. (a) Signature of funeral director Herman Wm. Zedenfaden

(b) Address 1802 Union Str. St. Joseph, Mo

19. (a) May 28 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1940 hour 8 minute 55A M.

21. I hereby certify that I attended the deceased from May 20, 1940, to May 25, 1940; that I last saw him alive on May 25, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	5-20-40
Due to	
Due to 59	
Other conditions: Diabetes (Include pregnancy within 3 months of death)	Unknown

Major findings: Of operations None

Of autopsy No autopsy

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) No

(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? ✓ (Specify type of place)

85 While at work? No (e) Means of injury ✓

23. Signature [signature] (M. D. or other) 1

Address St. Joseph Mo Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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.