

AUG 14 1940
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2642

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3816 E-13th St
(If not in hospital or institution, write street number or location) 7
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George W. Delvin

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

4. Sex male 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Malissa Delvin 6. (c) Age of husband or wife if alive 15 years 1868
7. Birth date of deceased (Month) 2 (Day) 15 (Year) 1868

8. AGE: Years 72 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation minister

11. Industry or business

MOTHER FATHER
12. Name Edmond Delvin
13. Birthplace South Carolina (City, town, or county) (State or foreign country)
14. Maiden name Hannah Morris
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Ann Smith
(b) Address 1323 Pacific

17. (a) Burial (b) Date thereof 7-1-40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director J. B. Moore
(b) Address 1820 E-13th St

19. (a) July 1, 1940 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL")
(d) Street No. 3816 E-13th St (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1940 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from June 9-40 to June 23, 1940, that I last saw him alive on June 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid from bowel Duration _____
Due to Carcinoma of sigmoid
Due to H1

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 461

Of autopsy None

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) _____
(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? 361
While at work? J. M. Brown (Specify type of place) (Means of injury)

23. Signature J. M. Brown (M.D. or other) _____
Address 1705 E 12th St Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 East 18th

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.