

Registration District No. **1949**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7017 E 12th St., Terr.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
(Specify whether
In this community **31 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Delbert Dilday**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **no** 6. (c) Age of husband or wife if alive **no** years
7. Birth date of deceased **9 12 1909**
(Month) (Day) (Year)

8. AGE: Years **31** Months **1** Days **4** If less than one day
hr. min.

9. Birthplace **Ash Grove, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Unemployed**

12. Name **Wm. Dilday**

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

14. Maiden name **Hattie McGehw**

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

16. (a) Informant **Mrs. Hattie McGhew Pellett**

(b) Address **7017 E 12th St., Terr.**

17. (a) **Burial** (b) Date thereof **10/25/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Grove Mo. Sinking Creek Cem.**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **6606 Indep. Ave. K. C. Mo**

19. (a) **10-17-40** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **7017 E 12th St., Terr.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16**
year **1940** hour **no** minute **8/40 A.M.**

21. I hereby certify that I attended the deceased from **Sept 13**, 19**40**, to **1940**;
that I last saw him alive on **1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute bilateral necrotic pulmonary tuberculosis
Due to **tuberculosis**
Acute tuberculous enteritis & perforation

Other conditions **Acute generalized peritonitis**

Major findings Of operations

Of autopsy **Yes**

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?

Cem.

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

23. Signature **H. P. Crowe** (M. D. or other)
Address **H. P. Crowe** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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, fact should be so stated above.