. No. 2
-4-13-40
5-17-39
P I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17182 1844

Registration District No. 399 Primary Registration District No. 1602 Registrar's No.

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: 123 N. Lawndale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Years, (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jac kson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 123 N. Lawndale
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: DENNIS JOSEPH DELANEY
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Oma Lydian
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: March 7, 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 3 If less than one day hr. min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Soldier
11. Industry or business: U. S. Army
FATHER
12. Name: Unknown
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Oma Delaney
(b) Address: 123 N. Lawndale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Ft. Leavenworth, Kans.
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: 2825 Indep. Blvd. K. C. Mo.
19. (a) May 11, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1941 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from June, 1940, to May 9, 1941; that I last saw him alive on May 9th 1930 AM, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Apoplexy	one day
Due to Arteriosclerosis	
Due to Buergers Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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)
(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)
While at work? (e) Means of injury
23. Signature: Wm Fowler (M.D. or other) DO
Address: 3504 Troost ave Date signed 5/9/41

(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 W D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.