

Registration District No. 158

Primary Registration District No. 4078

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Norborne
(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 22 years (years, months or days)

3. (a) PRINT FULL NAME Frank DeLaney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Ann DeLaney 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec. 25, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace New York City, N.Y. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown (an orphan) 13. Birthplace 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank DeLaney
(b) Address Norborne, Mo

17. (a) Burial (b) Date thereof Nov. 26, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Chapel

18. (a) Signature of funeral director J. J. D. [Signature]

(b) Address Norborne, Mo

19. (a) Nov. 26, 1941 (b) B. C. Cole (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Norborne 17 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 19, 1941, to Nov. 25, 1941; that I last saw him alive on Nov. 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion 5 days
Thrombus 5 days
Cardiac Enlargement 9 years
Other conditions Arteriosclerosis 9 years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 95C2
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? _____

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

23. Signature A. J. Gardner (M. D. or other) _____
Address Norborne, Mo Date signed 11/25/41

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-41

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 _____

J. P. Stroud

Registered Apprentice No. 2406

working under my personal supervision.

Signed J. P. Stroud

Licensed Embalmer No. 2406

P. O. Address Norborne 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, fact should be so stated above.