No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6659

Registration District No. ~~318~~ 322 Primary Registration District No. 5446 Registrar's No. 3

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 58 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location) no
(e) If foreign born, how long in U. S. A.? ~~No~~ years.

3. (a) PRINT FULL NAME JOSEPH PRESLEY DELZELL
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 MARRIED.
6. (b) Name of husband or wife SARAH ELLA DELZELL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 6 (Day) 1851 (Year)

8. AGE: Years 90 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Cave Springs Mo. (City, town or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. L. M. Prater
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Comfort Cem.
18. (a) Signature of funeral director J. W. Kingsbury
(b) Address Springfield, Mo.
19. (a) Feb. 17, 1942 (Date received local registrar) (b) Allan Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 the year 1942 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from Feb 5, 1942, to Feb 13, 1942, that I last saw h. alive on Feb 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia — Duration
Due to Fracture right Femur caused by fall on floor of home
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 186a
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) Accident
(b) Date of occurrence Feb 5 1942
(c) Where did injury occur? at his home (City or town) (County) (State) MO
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In farm home (Specify type of place)
While at work? no (e) Means of injury
23. Signature J. W. Delzell M.D. (M.D. or other)
Address Springfield Mo Date signed Feb 13/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 42-3-~~39~~ 28
Date Filed 3/6/42.

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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 William Max Rhode

Licensed Embalmer No. 407

P. O. Address Springfield

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

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