

FILED JUL 14 1942

Registration District No. 86

Primary Registration District No. 1001

Registrar's No. 590

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2003 Mitchell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 12 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2003 Mitchell Ave.
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo Patrick Delaney

3. (b) If veteran, name war World War #1. 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 Ellen May Delaney 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 18 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	4	27	hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Police Patrolman retired

11. Industry or business St. Joseph Police

12. Name John H. Delaney

13. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Briggs

15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen May Delaney

(b) Address 2003 Mitchell Ave. St. Joseph, Mo.

17. (a) Removal (b) Date thereof June 18, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Eastern Pines

18. (a) Signature of funeral director Herwan W. Diefendorf

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 6-17-42 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 15 1942 to June 15 1942
that I last saw him alive on June 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to arterio scl.

Due to _____

Other conditions 83a!
(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) _____
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 _____

23. Signature Rae Herzog (M. D. or other) _____

Address 620 2nd St Date signed 6/16/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUL 15 1942

MOTHER FATHER

1233

JUL 1 7 1942

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..... *Robert C. Harrington*

Licensed Embalmer No. *3258*

P. O. Address..... *St. Joseph, 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.