

JUL 27 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2680

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

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:
3712 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
years, months or days) 61 years
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 Washington
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Louise S. Delap

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Dr. S. C. Delap 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased September 21 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 22 hr. min.
25

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Arnold Sutermeister
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
14. Maiden name Louise J. Leibnitz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph L. Delap
(b) Address 3247 Victor, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Washington Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1942 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from July 8, 1942, to July 13, 1942
that I last saw him alive on July 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Terminal) 2 days
Generalized Arteriosclerosis
Hypertension
Cerebral Arteriosclerosis
Encephalomalacia

Other conditions (Include pregnancy within 3 months of death) 830

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Carl R. Ferris (M. D. or other) MD
Address 939 Argyle Bld Date July 14, 1942

Dr. Carl Ferris

Line 8277
Angyle Reed

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.....

E. M. Plank

Licensed Embalmer No.....

1848

P. O. Address.....

T. C. M.

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.