S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1943

Registration District No. 77

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16894

Registrar's No. 2175

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3436 Forest Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 23 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3436 Forest Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) D

If yes, name country

3. (a) PRINT FULL NAME Miss Ellen DELANEY.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife **********

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 22nd (Day) 1858 (Year)

8. AGE: Years 84 | Months 4 | Days 18 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick Delaney
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Margaret McGraw.
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Margaret Buchanan
(b) Address 3436 Forest Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth Kansas.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) 5-11-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 15 1942, 19, to May 10, 1943 that I last saw her alive on May 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Arteriosclerosis	
Due to 77	
Due to	
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 W. H. Goodson (M. D. or other)

Address 730 Professional Bldg Kansas City Mo. Date signed 5/11/43

(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.....

Licensed Embalmer No. 7999

P. O. Address.....

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.