

FILED FEB 11 1944

Registration District No. 1326

Primary Registration District No. 5914

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural Brazeau Mo.
(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: 76 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: Willis Henry DeLapp

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1944 hour 3 minute 5 A.M.

4. Sex: Male 5. Color or race: White

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

6. (b) Name of husband or wife: Lillian DeLapp

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

7. Birth date of deceased: January 16 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1942 to Jan 7 1944 that I last saw him alive on Jan 3rd 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 11 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death: Diabetes Mellitus

Duration: 5 years

9. Birthplace: Red River Co. Arkansas
(City, town, or county) (State or foreign country)

Due to: _____

Due to: _____

10. Usual occupation: Farmer

Other conditions (Include pregnancy within 3 months of death): 61

11. Industry or business: _____

MOTHER FATHER { 12. Name: Henry DeLapp

{ 13. Birthplace: Red River Co. Arkansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name: Susan Walker

{ 15. Birthplace: Red River Co. Arkansas
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: C.V. De Lapp

(b) Address: Brazeau Mo.

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? _____

17. (a) Burial (b) Date thereof: 1-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Grove Mo.

While at work? _____ (Specify type of place)

(c) Means of injury: _____

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.

19. (a) 1-9-1944 (b) Thos. J. Eldes
(Date received local registrar) (Registrar's signature)

23. Signature: Theodore Fischer M.D. or other _____

Address: Allenburg Mo. Date signed: 1-9-44

1326

RECEIVED

District Health Officer No. 4

District File Number 244-342

Date Filed 2-10-44

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..... *Kallac Young*
..... Licensed Embalmer No. *4027*
..... P. O. Address *Perryville 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.