o. 2
-43
-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20560

Registrar's No. 2686

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Gen'l Hosp # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/2 hr. (Specify whether

In this community 9 yrs 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 4-8 3 8

(c) City or town K C Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1215 Paseo (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME WADDELL DELANEY

3. (b) If veteran, name war NO

3. (c) Social Security No. # unk

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 25 (Day) 1910 (Year)

8. AGE: Years 33 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Bar Porter

11. Industry or business

FATHER
12. Name Joseph Delaney
13. Birthplace (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Martha Watson

(b) Address 1215 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Flynn & Green Street

(b) Address 1819 E. 15 K C Mo

19. (a) 6-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 26 p. year 1944 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Sclerotic

Due to Chr Hypertensive Myocarditis

Other conditions Acute Pulmonary Edema (Include pregnancy within 3 months of death)

Major findings:
Of operations 93 D.

Of autopsy yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 L. F. Richardson (M.D. or other)

Address 1832 Vine Date signed 6-27-44

861

(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 ..... C. H. Connelle

Licensed Embalmer No. 1271

P. O. Address Kansas City M

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

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