

FILED FEB 8 1945
Registration District No. 8945

Primary Registration District No. 4409

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Newburg
(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) 11
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town Newburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Alex Delashmit

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle Delashmit 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Jan 24 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Dert Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired locomotive engineer

11. Industry or business _____

12. Name Alexander Delashmit

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dean

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Lane

(b) Address Newburg MO

17. (a) Burial (b) Date thereof Dec 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg MO

19. (a) 1/1/45 (b) Reg. A. B. Bostle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1944 hour 6:00 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 2, 1944 to Dec 28, 1944
that I last saw him alive on Dec 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Passive Pulmonary congestion due to cerebral arteriosclerosis
Due to cardio vascular disease Duration 4 days
Due to mitral insufficiency, nephritis, hypertension 2 yrs.

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

Major findings: Of operations _____
Of autopsy 7/12
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) Means of injury _____

23. Signature Richard L. Myers (M. D. or other) MD
Address Newburg MO Date signed Dec 29

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.....

Lee Johnson

Licensed Embalmer No.

3392

P. O. Address.....

Newburg 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.