

FILED APR 11 1946
Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 116

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge
(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.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Desloge
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1946 to March 30 1946
that I last saw him alive on March 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo-pneumonia
Due to severe glomerular nephritis - chronic
Due to.....

Duration 120

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W O Tacke (M. D. or other)
Address Desloge, Mo. Date signed 4-1-46

3. (a) PRINT

FULL NAME James Frank Deloney

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 Bessie Deloney 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug. 5 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Self

MOTHER FATHER

12. Name Joha B. Deloney
13. Birthplace Bismarck Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sutisha Kinner
15. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Deloney

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director: C. J. Dwyer

(b) Address Desloge, Mo.

19. (a) 4/2/46 (b) Eithel Kuehlhoff
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4
District File Number 446-1982
Date Filed 4-9-46

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. J. Boyer.....

Licensed Embalmer No. 1621

P. O. Address DESLOGE, 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.