S. No. 2
M—8-43
5-17-39
P I X37823

18268

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19392

Registration District No. 40

Primary Registration District No. 3002

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Co.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ✓ (b) County

(c) City or town ✓
(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 Gerald Dean Delozier

3. (b) If veteran name war [redacted]

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 14 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Audrain County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Robert Delozier
13. Birthplace Bellflower Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Lee Delozier
15. Birthplace Middletown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Delozier Father
(b) Address Wildsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director F W Kuhne
(b) Address Wellsville Mo

19. (a) 6/15/46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 2 Am June 1, 4 1946 to 4 Am 6/14 1946 that I last saw him alive on June 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to ✓

Due to ✓

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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 [signature] (M. D. or other)

Address Wellsville Mo Date signed 6/14/46

(Licensed Embalmer's Statement on Reverse Side)

18

RECEIVED
District Health Officer No. 10
District File Number 7-46-1371
Date Filed JUL 12 1946

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed C C Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.