S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3693

State File No.

Registration District No. 3 97

Primary Registration District No. 6171

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town rural — Ponce de Leon
(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 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Neely Delk

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bertha Delk

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 6 (Day) — 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	9	hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Kindred Delk
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Minnie Russel
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Herschel Delk
(b) Address Galena, Mo. R.R. 2

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1 (Month) — 20 (Day) — 47 (Year)
(c) Place: burial or cremation Anderson Cemetery

18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena, Mo.

19. (a) Jan 23 - 47 (Date received local registrar) (b) Lena Murray - Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1 Dec 1946 to 15 Jan 1947
that I last saw him alive on 13 Jan 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension + Chiff Parachitis	8 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 106 C
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Galena Mo. Date signed 9 3 Jan 47

317

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 247-211
Date Filed FEB 11 1947

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 Everett G. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.