

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **St. Joseph's Hosp. 0**
(d) Length of stay: In hospital or institution **1 hour 38 minutes**
In this community **1 hr - 38 min.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **New St. Joseph**
(d) Street No. **511 No 4th St.**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Ricky Maria Delgado**
(b) If veteran, name war **None**
(c) Social Security No. **none**

(d) Sex **male** (e) Color or race **white**
(f) (a) Single, widowed, married, divorced **single**
(g) (b) Name of husband or wife
(h) (c) Age of husband or wife if alive
(i) Birth date of deceased **11-13-47**

8. AGE: Years **0** Months **0** Days **0** If less than one day **1 hr. 38 min.**

9. Birthplace **St. Joseph, Mo**
10. Usual occupation **None**
11. Industry or business **Newborn**

MOTHER FATHER
12. Name **Octaviano Pete Delgado**
13. Birthplace **St. Joseph, Mo**
14. Maiden name **Carly Delores Wattenbarger**
15. Birthplace **St. Joseph, Mo**

16. (a) Informant **M. Octaviano Delgado**
(b) Address **511 no 4th City**
17. (a) Burial (b) Date thereof **Nov 14, 1947**
(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Walter Meierhoff**
(b) Address **1946 Colhoun St., St. Joseph, Mo.**
19. (a) 11-17-47 (b) **W. B. Root**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **13** year **47** hour **11** minute **2** M.
21. I hereby certify that I attended the deceased from 9:30 am 11-13 1947 to 11:00 am 11-14 1947
that I last saw him alive on **11-13-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Malformation of Kidneys**
Due to **Newborn**

Other conditions **157H**
Major findings: **As above**
Of operations
Of autopsy

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?
(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 **Wm. B. Root M.D.**
Address **510 Carby Blvd** Date signed **13 Nov 47**

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

STATEMENT BY LICENSED EMBALMER

not

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 *Albert C. Harrington*.....

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.