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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3990

FILED MAR 15 1948
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 281

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2841 Renick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Katherine Delfs
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Gustave Delfs
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 3 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	28	hr. min.

9. Birthplace: Cassel (City, town, or county) Germany (State or foreign country)
10. Usual occupation: At home
11. Industry or business: A t home

MOTHER FATHER
12. Name: Justice Wiegand
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Elizabeth Kaiser
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. E. O. Blakeley
(b) Address: St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: A lma, Kansas.
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 3-8-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from May Tenth, 1947 to March 1, 1948; that I last saw h. er alive on March 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal hemorrhage	24 hrs.
Due to: Carcinoma of the duodenum	6 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: HC	
Of autopsy: Confirmatory	

PHYSICIAN
Underline the cause of 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: H. G. Cate (M. D. ~~or other~~)
Address: 706 Frances Date signed: 3-2-48
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Francis Joseph Wofford Jr.

Licensed Embalmer No. 4512

P. O. Address 1015½ Sylvania Ave. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.