

FILED FEB 20 1948

Registration District No. 77

Primary Registration District No. 2008

Registrar's No. 55-

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 years
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. State Hospital 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delphine Virginia Polge

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 15th 1863
(Month) (Day) (Year)

8. AGE: 85 Years Months 16 Days If less than one day
hr. min.

9. Birthplace France 5
(City, town, or county) (State or foreign country)

10. Usual occupation homemaker

11. Industry or business _____

12. Name Dorinda 5

13. Birthplace France (City, town, or county) (State or foreign country)

14. Maiden name Marie 5

15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Eva Marie Dickmeyer

(b) Address Lexington, Mo. R.R. 2

17. (a) Removal (b) Date thereof 2-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Hallaber Funeral Home

(b) Address 7 N. 6th Fulton, Missouri

19. (a) Feb-13-48 (b) John Morris Huff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 9 day 9th
year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 1-
1948, to Feb. 9th, 1948,
that I last saw her alive on Feb. 8th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(-cerebral) Duration _____

Due to arterio-sclerosis

Due to _____

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. E. Caldwell (M. D. or other) _____

Address Fulton, Mo. 9th Date signed 2-9-48

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

MOTHER FATHER

4
1
2

RECEIVED
District Health Officer No. 9,
District No. _____
Date Filed 2/18/48

MAR 1 1948

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 Walter J. Hawkins, Jr., Registered Apprentice No. 82 working under my personal supervision.

Signed Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.