

FILED APR 9 1948

Registration District No. 39

Primary Registration District No. 4097

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:  
Memorial 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 3 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. Box 8 Belton, Missouri  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur E. Delles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Evyline Delles

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: 2 (Month) 26 (Day) 1895 (Year)

8. AGE: Years 53 Months 1 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Unemployed

12. Name Matt Delles

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Evyline Delles

(b) Address Box '8 - Belton, Missouri

17. (a) Burial (b) Date thereof 4-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Ind. Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster  
Kansas City, Missouri

(b) Address \_\_\_\_\_

19. April 5, 1948 (Date received local registrar)

(b) Rana J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4th.  
 year 1948 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from DEC. 10, 1947 to APRIL 4, 1948.  
 that I last saw him alive on APRIL 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INFARCTION  
ACUTE Duration 7 days

Due to CORONARY SCLEROSIS AND MYOCARDITIS, CHRONIC. 2 YRS.

Due to ARTERIOSCLEROSIS, GENERALIZED. 5 YRS.

Other conditions (1) Nephrosclerosis, severe  
(Include pregnancy within 3 months of death)  
(2) Tuberculosis, minimal, left apex.

Major findings: Of operations (1) CARDIAC HYPERTROPHY. PHYSICIAN \_\_\_\_\_

Of autopsy Findings as above, plus large retention cyst, right kidney; pulmonary edema.  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury J

23. Signature Herbert A. Tracy (M. D. or other) M.D.

Address BELTON, MISSOURI Date signed 4-5-48

ENCLOSED, 70 RECORD  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKING PERMANENT RECORD

MAY 11 1948

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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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.**