No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32853

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3921

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or ~~institution~~: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 9-1-48 to 9-24-48 (Specify whether
In this community 4 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

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

(d) Street No. 1
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Walter Hawkins DeLancey

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Mrs. Sue L. DeLancey

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct (Month) 10 (Day) 1884 (Year)

8. AGE: Years 63 Months 11 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Butler (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Automobile Dealer

11. Industry or business Belton, Missouri

FATHER
12. Name Robert E. DeLancey
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Hattie Taylor
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Sue L. DeLancey
(b) Address Belton, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D. W. Newcomer's Sons.

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 48 hour 9 15 minute P M.

21. I hereby certify that I attended the deceased from 8/24, 1948 to 9/24, 1948 that I last saw him alive on 9/24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure — Duration 3 days

Due to Carcinoma of Sigmoid with metastases to liver ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 ?

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

23. Signature Walter P. Jacob (M. D. or other)

Address 720 Bryant Bldg Date signed 9/25/48

(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 Doyle L. Daniel, Registered Apprentice No. 278, working under my personal supervision.

Signed Edward M. Storey

Licensed Embalmer No. 4452

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.