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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36485
4416
Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
703 East 12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 day (years, months or days)

3. (a) PRINT FULL NAME William M. De Lude
3. (b) If veteran, name war None 3. (c) Social Security No. 514-01-5202

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan De Lude 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 24 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Clyde, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Concrete Construction,

MOTHER FATHER

12. Name George De Lude
13. Birthplace Clyde, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Irene Roberts
15. Birthplace Scanton, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Peterson
(b) Address Tonganoxie, Kansas

17. (a) Removal (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tonganoxie, Kansas

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 10-30-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 703 East 12th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th
year 1948 hour 11 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound of Head. Duration _____
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within the last year)

Major findings: Requity Coroner PHYSICIAN
Of operations _____

Of autopsy History & Inspection 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 suicide
(b) Date of occurrence 10/29/48
(c) Where did injury occur? Kansas City (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
A. E. Usher

(Specify type of place) While at work _____ (Means of injury)
23. Signature A. E. Usher (M. D. or other) 10/30/48
Address 2800 1 main

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..... *Blaine E. Weiler*

Licensed Embalmer No..... *4078*

P. O. Address..... *K.C. 8, 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.