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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42336

Registration District No. 375

Primary Registration District No. 4551

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution:
In city of Hartville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Edward N. Delcour

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April (Month) 15 (Day) 1873 (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Delcour
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Massey
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lee Delcour

(b) Address Hartville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Dorris Cemetery

18. (a) Signature of funeral director Gene E Holdren

(b) Address Hartville, Missouri

19. (a) Dec. 18, 1948 (Date received local registrar) (b) E B Garner (Registrar's signature) 246

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 10
year 1948 hour 1:00 minute PM.

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

Immediate cause of death Mitral Insufficiency — Duration 6 Mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92

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 J. R. Mott (M. D.)

Address Hartville Mo Date signed 11-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1248-1392
Date Filed 12-30-48

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, Missouri

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.