

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13566**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centerview Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centerview Twp</u>	
c. LENGTH OF STAY (In this place) <u>180 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Centerview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centerview</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Delaney</u>	(Month) <u>Apr</u>	(Day) <u>4</u>	(Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 15, 1860</u>	9. AGE (In years last birthday) <u>89</u>	# UNDER 1 YEAR Months <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockton</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Delaney</u>	13b. MOTHER'S MAIDEN NAME <u>Isabella Dudhope</u>	14. NAME OF HUSBAND OR WIFE <u>Jane Eppright</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Delaney</u>
		ADDRESS <u>Centerview, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UnUnknown</u>		DUE TO (b) <u>Unknown</u>		<u>7955</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Post Office (D. O. A.) Person collopsed while walking to</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from was dead when arrived, 1919, to 19, that I last saw the deceased alive on 19, and that death occurred at 1:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Reel Maxson MD</u>	(Degree or title)	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>4/6/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Centerview, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Apr. 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Saranush Dutchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phillips</u>	ADDRESS <u>Warrensburg, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48510  
3

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.....

LEO P. McGUIRK

Student Embalmer No. 358

working under my personal supervision.

Signed.....

Leo P. McGuirk  
Student Embalmer

Signed.....

J. Earl Pruest

Licensed Embalmer No. 3878

P. O. Address. Warrensburg

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.