

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **373339**
Registrar's No. **45-1**

FILED DEC 7 1950

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Independence,	
c. LENGTH OF STAY (In this place) 1 1/2 Yrs.		d. STREET ADDRESS (If rural, give location) 11629 E. 16th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. FULL NAME OF HOSPITAL OR INSTITUTION Residence	
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Paul	
c. (Last) Delaney		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5, 1869
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) West Phalia, Kansas
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Abel Delaney	13b. MOTHER'S MAIDEN NAME Mary E. Tilford	14. NAME OF HUSBAND OR WIFE Mary A. Delaney
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. Spanish American None	17. INFORMANT'S SIGNATURE OR NAME Mary A. Delaney	ADDRESS 11629 E 16th Indep.
--	---	---	---------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis chronic DUE TO (c) Redfoot for six weeks Hypertatic Pneumonia		331X 1 week
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) (Min.)	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 **Sept 1950**, to **Nov 19 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Harrison	(Degree or title) M. D.	23b. ADDRESS Independence Mo	23c. DATE SIGNED Nov 19-50
---	-----------------------------------	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. Nov. 20-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Funeral Home, Indep. Mo.
---	---	---	--

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

DEC 2 RECD

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.