

No. 2-1
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13602

State File No. _____

Registration District No. 20

Primary Registration District No. 5095-

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME William Franklin Delp

8. (b) If veteran, name war _____

8. (c) Social Security No. 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 18, year 1943 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from Apr 12, 1943, to Apr 16, 1943, that I last saw him alive on Apr 16, 1943, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Ellen

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 30 1866
(Month) (Day) (Year)

Immediate cause of death Hemiplegia of left side

Duration 6 days

8. AGE: Years 76 Months 8 Days 18

If less than one day _____ hr. _____ min.

Due to Neglect attention for that last 2 or more yrs

Due to _____

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

Other conditions 83d
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Peter Delp

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Barley

15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Delp

(b) Address Wrich Mo

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? _____

17. (a) Burial (b) Date thereof 4-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

18. (a) Signature of funeral director Robert Arnold

(b) Address Creston Mo

19. (a) 4-23-43 (b) Blaird Shif
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature J. W. Gulbreath (M. D. optional)

Address Wrich Mo Date signed 4-21-43

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

000

5095

1297

RECEIVED

District Health Officer No. 7,

District File Number 4-43-458

Date Filed 5-14-43

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Owington, 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, above space should be left blank.

S. No. 2
—11-10-39
5-17-39
P1 X21492

July 1941. B. B. B. B.
State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural-Mingo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Franklin Delp
3. (b) If veteran, name war no 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Ellen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 30 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: - Years Months Days If less than one day
74 9 18 hr. _____ min.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Farmer
11. Industry or business:
12. Name Peter Delp
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Barclay
15. Birthplace Penn
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cemetery
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

5-13602

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.