

DR. MURICK

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35745
Do not use this space.

DEATH NOV 21 1938

1. PLACE OF DEATH GREENE 1 Registration District No. 318
 (a) County
 (b) Township
 (c) City SPRINGFIELD (d) Street No. 781 COLLEGE ST. Primary Registration District No. 2001 Registered No. 853
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME CLAUDE W. DELANEY
 (a) Residence, No. 781 COLLEGE St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30-1905
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 6 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LANDSCAPE
 9. Industry or business in which work was done, as saw mill, bank, etc. GARD -
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) MARCELINE (STATE OR COUNTRY) MO

FATHER 13. NAME WILLIAM DELANEY
 14. BIRTHPLACE (CITY OR TOWN) RAY COUNTY (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME MALINDA PECKER
 16. BIRTHPLACE (CITY OR TOWN) LINN CO (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) MISS MALINDA EATON 781 COLLEGE

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL PLACE DATE NOV 15 1938

19. FUNERAL DIRECTOR (NAME) HERDIAN BOHMEY (ADDRESS) SPRINGFIELD MO

20. FILED NOV 14 1938 CHAS. C. GEORGE Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 12 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11, 9, 1938, 19... to 11, 12, 38, 19... I last saw him alive on 11, 11, 38, 19... Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
 Mitral insufficiency Don't know
 Other contributory causes of importance: aortic

Name of operation
 What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) R. Murick, M. D.
 (Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Charles Gorman

Licensed Embalmer No.

3177

P. O. Address.....

Springfield, 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.