

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

14375
 Do not use this space.

REC'D MAY 12 1939

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Ponlar Bluff Primary Registration District No. 3007
 (c) City Ponlar Bluff, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

410 Myrtie DeLapp
 (a) Residence, No. 709 Cynthia St., Ponlar Bluff, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Irvin DeLapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Troy 1
 (STATE OR COUNTRY) Michigan

FATHER 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

17. INFORMANT Ed Walters
 (ADDRESS) 709 Cynthia

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE April 30, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service
 (ADDRESS) Ponlar Bluff, Mo.

20. FILED 4/30 39 O. Blount
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to April 28, 1939
 I last saw her alive on April 28, 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
arteriosclerosis
hypertension
 Other contributory causes of importance: g. d. v. l.
 Date of onset 4/27/39

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical where an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? No.
 If so, specify _____
 (Signed) J. Bee Hamell, M. D.
89 (Address) Ponlar Bluff, 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.....

Grover W Green

Licensed Embalmer No. *2964*

P. O. Address *P. B. 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.