JAN 11 1940

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

42864
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 86

(b) Township Washington Primary Registration District No. 5127 Registered No. 1274

or

(c) City St. Joseph 1 (d) Street No. Route # 6 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. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Lucy DeLapp

(a) Residence, No. St. LaMonte, Missouri

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. B. DeLapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	92	8	29	

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) (STATE OR COUNTRY) Franklinton North Carolina 1

FATHER

13. NAME James E. Whitfield 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklinton North Carolina 1

MOTHER

15. MAIDEN NAME Hixie Winston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklinton North Carolina

17. INFORMANT (ADDRESS) A. L. French Route # 6, St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE LaMonte, Missouri DATE Dec. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary 5025 King Hill ave

20. FILED 12/11/39, 19 H. J. Nestlebrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to Dec 9, 1939

I last saw her alive on Dec 1, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
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Other contributory causes of importance:

Arterio-sclerosis general	Unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical 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, 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) John L. Byrne, M. D.

95 (Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....B. J. Garner.....

Licensed Embalmer No.....1492.....

P. O. Address.....La Monte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.