

JUL 15 1940  
Registration District No. 89

Primary Registration District No. 5130

State File No. \_\_\_\_\_  
Registrar's No. 171

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Neelyville  
(c) Name of hospital or institution: RFD #1  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME William F. Marion Delaney  
3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Ann Delaney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 5 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming  
11. Industry or business \_\_\_\_\_  
12. Name Charles Delaney  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Dunice Louisignold  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flora Poe  
(b) Address Naylor, Mo.  
17. (a) Burial (b) Date thereof 5/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Neelyville, Mo.  
18. (a) Signature of funeral director Black's Mortuary  
(b) Address Corning, Ark.  
19. (a) 6-10-40 (b) Delutsinger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Neelyville  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #1 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 17  
year 1940 hour 6:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Jan 1, 1940, to May 17, 1940  
that I last saw her alive on May 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations none  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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? 86  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frederick (M. D. or other) \_\_\_\_\_  
Address Naylor Mo Date signed 5/20/40

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

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.....

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.**