

13-40
7-39
X23159

FILED OCT 11 1940

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days**
(Specify whether years, months or days)
In this community **10 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Lies Summit**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. R. # 3, Box 246**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th**
year **1940** hour **4** minute **20** p. M.
21. I hereby certify that I attended the deceased from **8-24-40**
to **9-4-40**
that I last saw ~~her~~ **her** alive on **9-4** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute hemorrhagic nephritis**
Duration **7 days**

Due to _____
Due to **121**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **acute perforated appendix**
Of autopsy **same diagnosis above.**
PHYSICIAN **121**
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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **W. J. Newcomer, M. D.** (M. D. or other)
Address **1401 Brush Creek Blvd.** Date signed **9-5-40**

3. (a) PRINT FULL NAME **Mrs. Florence Lovina DelesDernier**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mr. Noah R. DelesDernier** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **October 5 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 29 hr. min.

9. Birthplace **Weeping Water Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business -----

12. Name **Eugene Comer**

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

14. Maiden name **Olive Irons**

15. Birthplace **Elmwood Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **Noah R. DelesDernier**
(b) Address **R. R. # 3, Box 246, Lies Summit Mo**

17. (a) **Cremation** (b) Date thereof **Sept. 6, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of cremation **D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer, Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **Sept. 5, 1940** (b) **M. M. Grove**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

2-5-2

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Kenneth Page Sipe

Licensed Embalmer No.....

4128

P. O. Address.....

1309 Birch Creek

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, fact should be so stated above.