

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

469. 5-17-39
U.S. G.P.O. 1938

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14176

Registration District No. 124

Primary Registration District No. 5179

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Rural Byrd Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Emercy Delph
 (b) If veteran, name war _____
 (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Betty Delph
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased August 29 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 12 hr. _____ min. _____
 If less than one day

9. Birthplace Cape Girardeau Mo
(State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Jacob Delph
 13. Birthplace Cape Girardeau Mo
(State or foreign country)
 14. Maiden name Margene Limbaugh
 15. Birthplace Bellinger Co Mo
(State or foreign country)

16. (a) Informant's own signature Betty Delph
 (b) Address Jackson Mo

17. (a) Burial (b) Date thereof April 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Zwilsch-Statter-Seabourgh
 (b) Address Tackson Mo

19. (a) 4-12-41 (b) D. E. Seabourgh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 11
 year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from March 19 1941 to April 11 1941;
 that I last saw him alive on April 10 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
 Duration about 10 yrs

Due to Influenza Feb-1940

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

PHYSICIAN
 Major findings: V
 Of operations _____
 Of autopsy V
 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? 120
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature D. E. Seabourgh (M. D. or other) D
 Address Jackson Mo Date signed 4-12-41

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 Glenn Wilson.....

Licensed Embalmer No. 2828.....

P. O. Address Jackson 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.