

No. 2
1-4-41
-17-39
X2839

FILED AUG 16 1941

Registration District No. **391**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Hannas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **W.C. Star Hospit**
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution **1 Mo 45 min**
(Specify whether years, months or days)
 In this community **embrown**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Hannas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2604 Benton**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Wm A Wm De Light**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. SEX **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife. **Unknown**
6. (c) Age of husband or wife if alive. **—** years
7. Birth date of deceased. (Month) **Nov** (Day) **29-1891**

8. AGE:

Years	Months	Days	If less than one day
69	7	29	hr. min.

9. Birthplace **MO (I)**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

12. Name **Wm De Light**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Clark**
(b) Address **W.C. Star Hospit**

17. (a) Removal **7-28-41**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation. **Carrollton MO**

18. (a) Signature of funeral director **W.C. Star**
(b) Address **Carrollton MO**

19. (a) 7-28-41 **(b) M.M. Crowe**
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
 year **1941** hour **—** minute **45** P.M.
21. I hereby certify that I attended the deceased from **July 28**
1941 to **July 28**, 19**41**
 that I last saw him **alive on July 28**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**
 Duration **—**

Due to **94**
 Due to **94**

Other conditions **94 W**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **—**
 Of autopsy **—**
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?

While at work? (Specify type of place) (X) Means of injury **—**

23. Signature **Wm R. Horn** (M, D or other) **(I)**
Address **W.C. Star Hospit** Date signed **7-28-41**

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 *Harry E. Jolley*
Licensed Embalmer No. *4078*

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, fact should be so stated above.