S. No. 2
1—9-4-41
v. 5-17-39
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24103

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 121

24
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 803 Raymond 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Callie Dealy

3. (b) If veteran, name war World

3. (c) Social Security No. 496-09-9223

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna E. Dealy

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November 4, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	8	26	hr. min.

9. Birthplace Grain Valley, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation WPA laborer

11. Industry or business "

FATHER
12. Name Henry Dealy
13. Birthplace Tarsney Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Potts
15. Birthplace Grain Valley Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records, Veterans Adminis-
(b) Address tration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-42
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Mo.

18. (a) Signature of funeral director O. A. SAMUELSON FUNERAL HOME
(b) Address

19. (a) 7-30-42 (Date received local registrar) (b) 2332 Monster Ft. Blue Springs
(Registrar's signature)
Mozadie Redman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 3:50 minute A. M.

21. I hereby certify that I attended the deceased from July 13, 1942 to July 30, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary arteriosclerotic disease of the heart with cardiac enlargement, myocardial damage and myocardial insufficiency,	unknown
Due to Class V	
Other conditions (Include pregnancy within 3 months of death): Pulmonary infarction, left lung	unknown

Major findings:
Of operations
Of autopsy No autopsy

93d

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? --
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Forrest G. Bell (M. D. or other)
FORREST G. BELL, M.D.
Address Veterans Administration Excelsior Springs, Mo. Date signed 7-30-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-7-42

SEP 28 1942

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, fact should be so stated above.