

7. S. No. 2  
DOM-2-43  
5-12-39  
1-1-40

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28457**  
Registrar's No. **461**

**FILED AUG 30 1943**

Registration District No. **156**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1218 West 7th St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 years.** (Specify whether years, months or days)

In this community **50 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1218 W 7th St.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

3. (a) PRINT FULL NAME **John Joseph DeLaney**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** - day **13**  
year **1943** hour **7** minute **—** P. M.

21. I hereby certify that I attended the deceased from **7:30** to **8:13**  
that I last saw him alive on **8/12**  
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **—**

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

7. Birth date of deceased **Dec 1 1881**  
(Month) (Day) (Year)

Immediate cause of death **Acute heart dilatation**

Due to **Hypertension**

Other conditions **none of note**

Major findings: Of operations **none**

Of autopsy **—**

8. AGE: Years **61** Months **8** Days **13** If less than one day **—** hr. **—** min.

9. Birthplace **Newton Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **plumber - H.B. Schuttler**

11. Industry or business **plumber - H.B. Schuttler**

12. Name **John J. DeLaney**

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

14. Maiden name **Kate Burke**

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

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? **—**

16. (a) Informant **Miss Mary DeLaney**

(b) Address **1218 W. 7th St.**

17. (a) **Burial** - (b) Date thereof **8-16-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Calvary Cem**

18. (a) Signature of funeral director **Wambill - DeLeon Mortuary**

(b) Address **Joplin, Mo.**

19. (a) **8-16-43** (b) **Glenn E. Sudhoelter**  
(Date received local registrar) (Registrar's signature)

23. Signature **John M. DeLaney** M. D. or other **—**

Date signed **8/14/43**

43-7-693

RECEIVED  
JUL 30 1948

JUL 1 1948

**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..... *Cecil A. Monahan* .....

Licensed Embalmer No. *3590* .....

P. O. Address..... *Joplin, 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, fact should be so stated above.**