

FILED FEB 10 1944

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 6

1. PLACE OF DEATH: Stoddard

(a) County Stoddard

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Deer 107
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME ELMA M. DELANEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. 24

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Perry R. Delaney 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 26 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Bluff Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm F Beck Ill

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

14. Maiden name Amelia Beckman

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

16. (a) Informant P. R. Delaney

(b) Address Deer, Mo.

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Cemetery

18. (a) Signature of funeral director Plunkberg, Stoddard

(b) Address Deer, Mo.

19. (a) 1-20-44 (b) W. A. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 27, 1943, to Jan 6, 1944, that I last saw him alive on Jan 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus 6 mo.

Due to _____

Due to _____

Other conditions H&F
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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 S. S. Harris (M. D. or other) _____

Address Deer, Mo. Date signed 1-6-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

03
1

113K

RECEIVED

District Health Office No. 2,

District File Number 244-284

Date Filed 2-7-44

DEC 2 1946

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. 3479

P. O. Address Dexter 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.