

**FILED JUL 31 1946**  
Registration District No. 147

Primary Registration District No. 1002

Registrar's No. **3081**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2400 East 46th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2400 East 46th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME JACQUELINE J. DeLay

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Charles DeLay 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased November 30 1928  
(Month) (Day) (Year)

8. AGE: Years 17 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Cheyenne Wyoming  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

12. Name Charles DeLay

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

14. Maiden name Irene Willey

15. Birthplace Ft. Collins, Colorado  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Negus

(b) Address 2400 East 46th St.

17. (a) Burial (b) Date thereof July 16, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 7-15-46 (b) Baldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1946 hour 7 minute A M.

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

Immediate cause of death Arteriate of Lead poisoning

Due to Suicide

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations History of gangrene

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 7-14-46

(c) Where did injury occur? see Jackson, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home

While at work? no (Specify type of place) (e) Means of injury suicide of head

23. Signature James D. Waller (M. D. or other)

Address 1424 1/2 N. 1st St. J. Mo Date signed 7-15-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Chas E. Welch  
Licensed Embalmer No. 2644  
P. O. Address NC 270

**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.**