S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26304

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 928

1. PLACE OF DEATH:
(a) County Buchannan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322½ Edmond 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)
In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 322½ Edmond
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Edward Delaney
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex M
5. Color or race W
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 July 2 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Hastings, Nebr. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General
FATHER
12. Name John Delaney
13. Birthplace Jersey City, N. J. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Johnson
15. Birthplace Sparks, Kans (City, town, or county) (State or foreign country)
16. (a) Informant Everett Euler
(b) Address Wathena, Kans.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena Kans
18. (a) Signature of funeral director H. Davis
(b) Address Wathena Kans
19. (a) Aug. 19, 1946 (Date received local registrar) (b) H. J. Westlebral (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18th year 1946 hour viewed 3 minute P. M.
21. I hereby certify that I attended the deceased from Aug 18th, 1946 to , 19 ; that I last saw h ~~alive on~~ , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Face	several years
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. W. Tadlock Coroner (M. D. or other)
Address King Hill Idaho Date signed 8/18/46

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

25150

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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.