No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1050

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 152

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:
4245 AGNES AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 43 YEARS
years, months or days)

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. 4245 AGNES AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

4 3 8 0

3. (a) PRINT FULL NAME MR. FRANK JOSEPH DE LANEY
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-09-0317
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. DELLA DE LANEY
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JANUARY (Month) 15 (Day) 1877 (Year)

8. AGE: Years 69 Months 11 Days ~~27~~ 26 If less than one day ____ hr. ____ min.

9. Birthplace HILLSDALE (City, town, or county) MICHIGAN (State or foreign country)
10. Usual occupation FACTORY SALESMAN
11. Industry or business WHITE MOTOR COMPANY
FATHER
12. Name JOHN DE LANEY
13. Birthplace HILLSDALE (City, town, or county) MICHIGAN (State or foreign country)
MOTHER
14. Maiden name JULIA MERRITT
15. Birthplace HILLSDALE (City, town, or county) MICHIGAN (State or foreign country)
16. (a) Informant Della DeLaney
(b) Address 4245 PASEO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 13 (Day) 1947 (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 11TH year 1947 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from January 4, 1947, to January 10 1947 that I last saw him alive on January 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Chronic Valvular heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 d	
Of autopsy No	

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? ____ (c) Means of injury ____

23. Signature Edward L. Teubel (M. D. or other)
Address 1040 Argyle Bldg Date signed Jan. 13/47

(Licensed Embalmer's Statement on Reverse Side)

12 Nelson

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.