

S. No. 2
-12-45
-5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4795**
Registrar's No. **624**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 hrs.**
In this community **6 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(d) Street No. **3033 Forest** (If rural, give location) **8**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Helen Delaney**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **10**
year **1947** hour **2** minute **20 P. M.**
21. I hereby certify that I attended the deceased from **2 - 10**, 19**47** to **2 - 10**, 19**47**
that I last saw her alive on **2 - 10**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Jim Delaney**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **May 5 1903**
(Month) (Day) (Year)

Immediate cause of death **Lobar pneumonia (left lower lobe)**
Due to _____
Due to _____

8. AGE: Years **43** Months **9** Days **5** If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) **108**
Major findings: Of operations _____
Of autopsy **See above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace **Macon, Georgia** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **Home**
12. Name **Unknown Williams**
13. Birthplace **London, England** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown Girardeau**
15. Birthplace **Macon, Georgia** (City, town, or county) (State or foreign country)

16. (a) Informant **Jim Delaney**
(b) Address **3033 Forest K. C. Mo**
17. (a) **Cremation** (b) Date thereof **Feb. 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**
18. (a) Signature of funeral director **Wilks Funeral Home**
(b) Address **2315 Linwood K. C. 3 Mo**
19. (a) **2-11-47** (b) **Asteraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **Wm W. Clark** (M. D. or other) **med**
Address **Med. Dir. Gen'l Hosp.** Date signed **2-10-47**

Dr. Fitzwilliam,

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. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *H.C. 240*

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.