

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17995
Registrar's No. 88

FILED JUN 6 1947
Registration District No. 283

Primary Registration District No. 5655

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 172 days
In this community 172 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pearl DeLapp
3. (b) If veteran, name war no
3. (c) Social Security No. 494-12-6300

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank DeLapp
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept. 15 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 8 hr. min.

9. Birthplace Lexington Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Shirt factory

MOTHER FATHER

12. Name Frank Jennings

13. Birthplace Lexington Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Grass

15. Birthplace Dover Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Apr. 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director W. D. Fassel

(b) Address Mt. Vernon Mo

19. (a) July 14 1947 (b) W. H. Melby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No. 130 No. 10th St. 2
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23d
year 1947 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 3, 1946 to April 23, 1947,
that I last saw her alive on April 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt
20 months
Duration

Due to _____

Due to _____

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings: 304
Of operations _____

Of autopsy Bel. pulmonary tuberculosis
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature W. H. Melby M. D. (M. D. or other) _____

Address Mt. Vernon, Mo. Date signed 4-23-47

RECEIVED
District Health Officer No. 6;
District File Number 647-594
Date Filed JUN 4 1947

JUN 13 1947

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 Maple Zosselt
Licensed Embalmer No. 4252
P. O. Address MT. Vernon

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.