

Registration District No. 391

Primary Registration District No. 6153

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Rural Pike  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Rural 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Bell City 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME LEIBERT LEE DELAY

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec. 5, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 31 hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Albert Delay

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

14. Maiden name Betty Ann Bryant

15. Birthplace Risco Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Delay

(b) Address Bell City Mo

17. (a) Burial (b) Date thereof Mar. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wescent Hill Cem

18. (a) Signature of funeral director Clay S. Morgan

(b) Address Advocate Mo

19. (a) 6-20-48 (b) Benny Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26  
year 1948 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from March 27, 1948 to March 26, 1948, that I last saw him alive on March 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 107

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 g

23. Signature E. C. Masters (M. D. or other) L. D.

Address Advocate, Mo. Date signed 4-2-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 748-84

Date Filed 7-12-48

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.....

*Not Embalmed*

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. *2561*

P. O. Address *Advance, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.