DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6458

FILED MAR 9 1940

Registration District No. 1 Primary Registration District No. 6238 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dent

(b) ~~City or town~~ Rural Gladden 7
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXXXXX 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XXXX
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Erasmus L. Dalton 4 35

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Martha Jane Bell

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Dec (Month) 13 (Day) 1853 (Year)

8. AGE: Years 86 Months 2 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Louis Dalton
13. Birthplace ---- (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarah Dalton
15. Birthplace -- (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Rose Shelton

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Stonehill Cem

18. (a) Signature of funeral director Carl K. Spencer

(b) Address Salem Mo 2 43

19. (a) Feb. 29, 1940 (Date received local registrar) (b) Mrs. Etta Maze (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 4, 1940 to Feb 16, 1940;
that I last saw him alive on Feb 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar R & L — Duration 8 Days

Due to

Due to Severe Cold

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

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) no

(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 H. T. Dieson (M. D. or other)

Address Salem Mo Date signed 2-17-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

50M-5-17-39
Rev. 5-17-39
1 X19511

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.

RECEIVED

District Health Officer No. 5,

District File No. 340268

Date Filed 3840

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.