

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41962

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 374

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Clara Wright Dalton

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive _____ years
James L. Dalton
7. Birth date of deceased April 29, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Doniphan Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At home 4

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Wright 5
13. Birthplace Lancastershire Eng. (City, town, or county) (State or foreign country)
14. Maiden name Anna Hayes Ireland
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Phoebe Dalton
(b) Address 421 North Main St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff City Cem.

18. (a) Signature of funeral director Frank Mortman
(b) Address Poplar Bluff, Mo.
19. (a) 12/19/40 (Date received local registrar) (b) Nata Lutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff (If outside city or town limits write "RURAL")
(d) Street No. 421, North Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1940 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 13, 1940, to Dec. 12, 1940; that I last saw her alive on Dec. 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis, acute 12/11/40
Duration

Due to Broncho-pneumonia 12/5/40

Due to _____
Other conditions Sciatic neuritis (right) 7/13/40
(Include pregnancy within 3 months of death)

Major findings: Of operations 1072
Of autopsy _____
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? _____ (e) Means of injury _____
23. Signature Hester Larwell (M. D. or other) 1
Address Poplar Bluff, Mo. Date signed 12/15/40

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

Grover W. Green

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff 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.