

No. 2
1-4-41
17-39
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IG 1 1941 1750
ion District No. 1750

Primary Registration District No. 59934

State File No. _____

Registrar's No. 1750

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town RURAL - Union Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life Time. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Rural - Union Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Pender - Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Dalton

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from April 15
1940 to April 11 1941

that I last saw him alive on April 11 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nora E. Dalton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 6 1865
(Month) (Day) (Year)

Immediate cause of death Uremia - Toxemia

Due to Cancer of Bladder and Prostate.

Due to _____

8. AGE: Years 75 Months 11 Days 6
If less than one day _____ hr. _____ min.

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

Major findings: 8-5-40
Of operations Cancer of Prostate and
Rt. Hall of Bladder.

Of autopsy _____

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

10. Usual occupation Farming and Mercantile

11. Industry or business Agriculture and Mercantile

MOTHER FATHER

12. Name Eliza Dalton

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

14. Maiden name Elizabeth Stubblefield

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

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 _____

16. (a) Informant Lewis Dalton

(b) Address R-6, Daniphan, Mo.

17. (a) Burial (b) Date thereof 4 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakridge Cem. Daniphan

18. (a) Signature of funeral director A. G. McVicker

(b) Address Pocahontas, Ark.

19. (a) 7/2/41 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Williams (M. D. or other) Physician

Address Daniphan, Mo. Date signed 4/12/41

674 Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office

Date Filed

7.4.1962

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 750

Primary Registration District No. 5993

Registrar's No. 1755

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Rural
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Dalton

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

4. Sex m 5. Color or race W

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1941 hour _____ minute _____ M.

21. I hereby certify that I examined the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Muscular toxemia

Due to: Cancer of bladder and prostate

Due to: Primary origin was in prostate

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

Major findings: 518

Of operations: _____

Of autopsy: Natural cause

Duration _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

