

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39308

State File No. \_\_\_\_\_

DEC 11 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 6029

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Genevive County

(b) City or town Saline (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXX (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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Genevive <sup>95</sup>

(c) City or town: XX (If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melbourne Alimo Dalton

3. (b) If veteran, name war: XX

3. (c) Social Security No. 500-18-2651

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife: Earsie Reeves Dalton

6. (c) Age of husband or wife if alive: 21 years

7. Birth date of deceased: Feb. 22 1913 (Month) (Day) (Year)

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

28 5 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer and Electrical worker

11. Industry or business Union Electric Edward Dalton

12. Name \_\_\_\_\_

13. Birthplace St. Francois Co. Mo. n (City, town, or county) (State or foreign country)

14. Maiden name Gillie Reesé

15. Birthplace Madison County Mo. n (City, town, or county) (State or foreign country)

16. (a) Informant: James Reeves

(b) Address: Womack Mo

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

(c) Place: burial or cremation: Bos 53 Mo.

18. (a) Signature of funeral director: Ed. H. Hecht

(b) Address: Fredericktown Mo

19. (a) 11/29-41 (b) Thos. G. B. Bayl (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1941 hour 9 minute 40 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ 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 suicide Shot self through right temple with a .22 caliber action rifle

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

Due to Verdict of jury

Other conditions 164c (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence: Aug 3 1941

(c) Where did injury occur? St. Genevive County, Mo (City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: gun

23. Signature: James F. Lamb (M.D. or other)

Address: St. Genevive, Mo Date signed: 11/11

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

MOTHER FATHER

704

**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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ed. Hill*

Licensed Embalmer No. *731*

P. O. Address *Frederick Town*

**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.**