

FILED MAY 21 1942

Registration District No. 379

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
6419 Wornall Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6419 Wornall Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary E. Dalton

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from April 22 to May 13
that I last saw her alive on May 13 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert F. Dalton

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

7. Birth date of deceased March 23 1848
(Month) (Day) (Year)

Immediate cause of death Atherosclerosis

Duration 10 years

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

94 1 20 hr. min.

Due to age 97

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name James D. Eads

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

14. Maiden name Minerva Johnson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Grace Eads Dalton

(b) Address 6419 Wornall Terrace

17. (a) Removal (b) Date thereof 5-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature H. P. Rowland (M. D. or other) M. D.
Address 1103 Sprink Ave Date signed 5/14/42

*Dr. O'Connell
1:30 - 4:30
O'Connell*

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..... *James Freund*

Licensed Embalmer No..... *2939*

P. O. Address..... *F. C. 540*

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.