. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

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B 1553

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17510

FILED MAY 27 1942

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 133

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: Lucy Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 18

(a) State Missouri (b) County Carter 0
(c) City or town Ellsinore 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Lois Inez Dalton

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

4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 16 (Day) 1936 (Year)

8. AGE: Years 6 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Ellsinore (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Lawrence Dalton
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Lucy Norman
15. Birthplace Ellsinore, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lawrence Dalton
(b) Address Ellsinore, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Whites Mill
18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Missouri
19. (a) 4-23-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 18 6, 1942, to April 19, 1942 that I last saw her alive on April 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalitis	3 da
Due to Measles	7 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 35	
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 H. L. Knickert (M. D. or other) M.D.
Address Poplar Bluff, Mo Date signed 4/20/42

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 542-652
Date Filed 5-20-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

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, fact should be so stated above.