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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20777

FILED JUL 11 1942

Registration District No. 94

Primary Registration District No. 5138

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Caldwell,

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

(c) Name of hospital or institution: Davis Town-ship, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 50-Years-Past years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell,

(c) City or town Braymer, (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 ✓ ✓

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3. (a) PRINT FULL NAME James Riley Dalbey,

3. (b) If veteran, name war No,

3. (c) Social Security No. No,

4. Sex Male,

5. Color or race White,

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

6. (b) Name of husband or wife Anna N. Dalbey,

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

7. Birth date of deceased Sept., -18th., -1850, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	9	10	✓ hr. ✓ min.

9. Birthplace Cuba, - Ohio. (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation Merchant.

11. Industry or business Mercantile Business,

FATHER
12. Name Daniel Dalbey,
13. Birthplace Not Known, (City, town, or county) Not Known, (State or foreign country)

MOTHER
14. Maiden name Rhoda (Last Name not known)
15. Birthplace Not Known, (City, town, or county) Not Known, (State or foreign country)

16. (a) Informant H. C. Dalbey

(b) Address Kansas City, Mo.

17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof June, -30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery,

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) July 9-1942 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28 year 1942 hour 2 minute .05 P.M.

21. I hereby certify that I attended the deceased from JUNE 9, 1942 to JUNE 28, 1942 that I last saw him alive on JUNE 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bulbar Paralysis	7 days
Due to Cerebral Arteria Sclerosis	Unknown
Due to ✓ ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
C L Woolsey MD.	
Major findings: Of operations ✓	
Of autopsy ✓	

82.1

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) no

(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 C. L. Woolsey (M.D. or other)

Address Braymer Mo Date signed 6/29/42

1151

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] ---

---, Registered Apprentice No. ---

working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363,

P. O. Address Braymer, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.