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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6488

Primary Registration District No. 4033

Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Bates

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

(c) Name of hospital or institution: None (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: 20 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Bates

(c) City or town: Amoret ~~rural~~ (If outside city or town limits write "RURAL")

(d) Street No.: Homer Twp (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME: John Bryant Dalton

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: W

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

6. (b) Name of husband or wife: Rosa Murphy

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

7. Birth date of deceased: Feb (Month) II (Day) 1871 (Year)

8. AGE: Years 72 Months II Days 15 If less than one day hr. min.

9. Birthplace: Jackson Col (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: James Lewis Dalton

13. Birthplace: Unk (City, town, or county) Ky (State or foreign country)

MOTHER 14. Maiden name: Margaret E. Smith

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

16. (a) Informant: Thomas Dalton

(b) Address: Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Benjamin

18. (a) Signature of funeral director: Archer & Mangold

(b) Address: Amsterdam Mo.

19. (a) Jan 28-44 (Date received local registrar) (b) Viola L Sills (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 26 year 1944 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from November 1, 1944, to January 26, 1944, that I last saw him alive on January 26, 1944, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 2 days |
| Due to: Myocarditis | 10 yrs. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Nephritis | ? |

Major findings:
Of operations:
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: W. H. Schubert (M. D. or other) D.O.

Address: Amoret, Missouri Date signed 1-28-44

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-44-177
Date Filed 2-17-44

**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 L. R. Manigold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

**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, above space should be left blank.**

No. 2B
5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

MAR

State File No. ____

Registration District No. 18 Primary Registration District No. 4083 Registrar's No. ____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town amoret
(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 ____

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 John Bryant 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 W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____
7. Birth date of deceased Feb 11 1885 (Month) (Day) (Year)
8. AGE: Years 72 Months 11 Days ____ If less than one day: ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
MOTHER 14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | 2 days |
| Due to myocarditis | 10 yrs |
| Due to ____ | |
| Other conditions nephritis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ____
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 ____ (M. D. or other) ____
Address ____ Date signed ____

SUPPLEMENTARY

C0488