

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31133
Registrar's No. 74

Registration District No. 153

Primary Registration District No. 3127

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Jasper

(c) Name of hospital or institution: 224 S. Ball
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1
(Specify whether years, months or days)

In this community: 31 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Jasper

(d) Street No.: 224 S. Ball
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 15

3. (a) PRINT FULL NAME: John D. Dalton D.H.

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

3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 4
year: 1944 hour: 8:23 minute: P. M.

21. I hereby certify that I attended the deceased from: 8-23-44 to: 8-24-44
that I last saw him alive on: Sept 4
and that death occurred on the date and hour stated above.

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: October 31, 1870
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the prostate

Duration:

8. AGE:

Years	Months	Days	If less than one day
73	10	4	hr. min.

Due to: Carcinoma of the prostate

Due to: 518

9. Birthplace: Belfonte, Ireland
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Minister

Major findings: Carcinoma at the neck of the femur

Of operations: /

Of autopsy: /

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business:

12. Name: Unknown Dalton

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

14. Maiden name: Unknown

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

16. (a) Informant: Madge B. Dalton

(b) Address: 224 S. Ball City

17. (a) Burial, cremation, or removal: Mount Hope Cem

(b) Date thereof: Sept 6 1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Mount Hope Cem

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?

18. (a) Signature of funeral director: J. H. ...

(b) Address: ...

19. (a) Date received local registrar: Sept 7 1944
(Date received local registrar)

(b) Registrar's signature: M. J. ...

23. Signature: J. H. ... (M. D. or other)

Address: ... Date signed: 11/14

1180 (Licensed Embalmer's Statement on Reverse Side)

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

2669

44-10-784

JAN 9 1947

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4804

P. O. Address Webb City, 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.