

FILED DEC 9 1944

Registration District No.

Primary Registration District No.

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Elsinore (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carter's home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

William R. 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

2

widowed

6. (b) Name of husband or wife

Mary Ann Dalton

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Aug

25 1862

8. AGE:

Years

Months

Days

If less than one day

82

3

4

hr min.

9. Birthplace

Clay City

Indiana

10. Usual occupation

farmer

11. Industry or business

Robert Dalton

12. Name

Indiana

13. Birthplace

Sara Mullins

14. Maiden name

Ind.

15. Birthplace

Inez Bock

16. (a) Informant

St. Louis

(b) Address

Burial

(c) Place: burial or cremation

Smith Chapel

(d) Signature of funeral director

Van Buren

(e) Address

Dec 30 1944

(f) Date received local registrar

1678

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Elsinore (Rural)
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration

patient died without

medical care

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature Seaton Pewitt or other

Address Van Buren Mo Date signed 11-30-44

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 Seaton Bewitt

Licensed Embalmer No. 2287

P.O. Address Van Buren

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.