

FILED APR 19 1945

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 860

1. PLACE OF DEATH:

(a) County St. Francis

(b) City or town Cedar St. Bernard  
(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 none (Specify whether years, months or days)

In this community enter life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

(c) City or town Esther MO 74  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Robert Dalton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-11, 1945, to 2-14, 1945  
that I last saw him alive on 2-13, 1945, and that death occurred on the date and hour stated above.

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife NETTIE HICKS 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 11-30 1872  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage 3 days  
Duration

Due to arteriosclerosis Long Km.

Due to Hypertension Long Km.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>14</u>	<u>1</u> hr. <u>5</u> min.

9. Birthplace Potosi MO A  
(City, town, or county) (State or foreign country)

10. Usual occupation head messenger

11. Industry or business head messenger

MOTHER FATHER

12. Name Sam Km

13. Birthplace Long Km 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sam Km

15. Birthplace Long Km 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Dalton

(b) Address Cedar St

17. (a) Burial (b) Date thereof 2 16 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director C. G. Boyer

(b) Address Desloge MO

19. (a) 3-38-45 (b) Domest  
(Date received local registrar) (Registrar's signature)

Major findings: 83a

Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Duckworth (M. D. or other) \_\_\_\_\_  
Address Desloge MO Date signed 3-28-45

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

74  
0  
0

RECEIVED

District Health Officer No. 4

District File Number 445-523

Date Filed 4-17-45

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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 C. J. Boyer  
Licensed Embalmer No. 1671  
P. O. Address Desloge 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.**