. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1945
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16342
Primary Registration District No. 1000
Registrar's No. 552

1. **PLACE OF DEATH:**
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 34 years years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Edmond
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country Naturalized citizen of U.S.A.

3. (a) PRINT FULL NAME Nicholas A. Dalaman
3. (b) If veteran, name war none
3. (c) Social Security No. 499-20-3687

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary C. Dalaman
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 1 (Day) 1886 (Year)

8. AGE: Years 59 | Months 0 | Days 15 | If less than one day ____hr. ____min.

9. Birthplace Vollo (City, town, or county) Greece (State or foreign country)
10. Usual occupation owner
11. Industry or business Dalaman Grocery

FATHER
12. Name Nicholas A. Dalaman
13. Birthplace Unknown, (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) Greece, (State or foreign country)

16. (a) Informant Mrs. N. A. Dalaman
(b) Address 1802 Edmond Street,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Heaton Bethel & Bowman
(b) Address 319 So. 10th. Street,
19. (a) 5/17/45 (Date received local registrar) (b) Helen L. Kable (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 16
year 1945 hour 6 minute 45 P M.
21. I hereby certify that I attended the deceased from May 16
Jan. 24, 1945, to May 16, 1945
that I last saw him alive on May 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	48 hours
Due to Cardio-Vascular Renal Disease	6 months
Due to Hypertension	3 yrs
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Gordon DeWright M.D. (M. D. or other) M.D.
Address 845 So. 19th Date signed 5/17/45

1371 (Licensed Embalmer's Statement on Reverse Side)

Dr. Wright
8456 19th

JAN 18 1954

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

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address St. Joseph

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.