

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26241

State File No. _____

FILED SEP 10 1946

Registration District No. _____

Primary Registration District No. 5-109

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Patton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 yrs years, months or days

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 15 1870 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 6 hr. min.

9. Birthplace MADISON Co. MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name J. P. DALTON
13. Birthplace RIPLEY Co. MO. (City, town, or county) (State or foreign country)
14. Maiden name FANNIE BESS
15. Birthplace PERRY Co. MO. (City, town, or county) (State or foreign country)

16. (a) Informant LEVI DALTON
(b) Address PATTON, MO.
17. (a) BURIAL (b) Date thereof 8-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation PATTON, MO.

18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address UTESVILLE, MO.

19. (a) Aug. 26 46 (b) Willie Vandeventer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BOLLINGER
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. NEAR PATTON (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 21 year 1946 hour 11:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to injury Duration _____
Due to injury
Due to _____

Other conditions (Include pregnancy within 3 months) ADDITIONAL INFORMATION
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) Accident
(b) Date of occurrence 8-21-46
(c) Where did injury occur? near Patton, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway
(Specify type of place) (e) Means of injury Accident

23. Signature Dr. John J. Nigra (Date signed) 8-26-46
Address Patton, Mo.

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

26

(Licensed Embalmer's Statement on Reverse Side)

Can hit concrete Bridge

Officer No. 4
License Number 946-2586
Issued 9-9-46

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.