

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
908 W. 27th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 39 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 908 W. 27th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MICHAEL JOSEPH DALTON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 2 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>22</u>	<u>6</u> hr. _____ min.

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

10. Usual occupation City Fireman - Retired

11. Industry or business \_\_\_\_\_

12. Name John Dalton

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

14. Maiden name Mary O'Sullivan

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

16. (a) Informant Mrs. Nellie Dalton

(b) Address 908 W. 27th St.

17. (a) Burial (b) Date thereof May 12, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co.

(b) Address 20 W. Linwood

19. (a) 5-13-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8th day 2 year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 1944 to 7/8/47 that I last saw him alive on 7/8/47 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 1 hr.

Due to arteriosclerosis previous apoplexy 10 yrs.

Due to Natural Causes

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

Major findings: Of operations CS 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 Richard Fuller (M. D. or other) \_\_\_\_\_  
Address Professional Bldg Date signed 7/14/47

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

MOTHER FATHER

**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 Howard W. Farmer  
Licensed Embalmer No. 134  
P. O. Address Kansas 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.**