

S. No. 2
M-8-43
5-17-39
X37823

15894

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1948
Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nancy Virginia Dalton

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 19, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Orris City Illinois
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name James H. Blazier

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Mary Ray
(b) Address Senath, Missouri

17. (a) Burial (b) Date thereof April 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville, Mo.

18. (c) Signature of funeral director Mr Daniel Funeral Dir
(b) Address Senath, Mo

19. (a) 6-1-1948 (b) Mrs J. H. Blazier
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 14 to April 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis

Due to Encephalitis 2-24-48 to death

Other conditions: Encephalitis head to 2-24-48

Major findings: Of operations _____ Of autopsy 107

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? _____

23. Signature W. English Address Cardwell Date signed 5-9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 21

District File Number 648-227

Date Filed 6-4-48

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 *Arthur S. McDaniel*

Licensed Embalmer No. *7093*

P. O. Address *Levitt, 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.