X21492

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1940

State File No. 38814

Registration District No. 349 Primary Registration District No. 5499 Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Lewis Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — Rur. Creek
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Lewis Station
(If outside city or town limits write "RURAL")
(d) Street No. Rural Clinton Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Emma May Dalton

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

4. Sex Fe
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Dalton
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 8 (Month) 4 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	8	hr. min.

9. Birthplace Huntington (City, town, or county) West Va (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Winston Chapman
13. Birthplace (City, town, or county) West Va (State or foreign country)
MOTHER
14. Maiden name Roxann Sumac
15. Birthplace (City, town, or county) West Va (State or foreign country)
16. (a) Informant Lee Dalton
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Drake's Chapel
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) Nov. 13 1940 (Date received local registrar) (b) Mrs. Edith J. Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1940 hour 7:00 minute P.M.
21. I hereby certify that I attended the deceased from 1939 Jan 1939, to Nov 1940,
that I last saw her alive on Nov 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of parotid left — Duration —
Due to
Due to ✓
Other conditions Carcinoma of bladder
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None done.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph B. Mull (M. D. ~~or other~~)
Address Clinton, Mo. Date signed 11-13-40

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 7.
District File Number 12-40-1723
Date Filed 12-5-40

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38814

Registration District No. 349 Primary Registration District No. 3499 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Deep Creek
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma May 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 wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 78 Months 3 Days 8 If less than one day hrs. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1940 hour minute M.

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

Immediate cause of death Carcinoma Parotid left. Duration 6

Due to 53

Due to

Other conditions (Include pregnancy within 3 months of death) Carcinoma of mandible

Major findings:
Of operations
Primary in parotid (left)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph O'Neill (M. D. or other)
Address Clinton Mo Date signed

S-38814 - 1940