REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24464
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township or City Kansas City Primary Registration District No. 1002 Registered No. 2677
(c) Street No. Children's Mercy Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Melvin Dalton
(a) Residence, No. St. Holt, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) [illegible]-12- [illegible] 36-
7. AGE YEARS 2 MONTHS 7 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt, Missouri 0

FATHER
13. NAME Thomas Dalton 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Kentucky 0

MOTHER
15. MAIDEN NAME Laura Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Missouri

17. INFORMANT (ADDRESS) Father - Thomas Dalton Holt, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Holt, Mo. DATE 7-5- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.W. Hessel Kearney, Mo.
20. FILED July 4, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4- 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1939, to 7-4-, 1939
I last saw him alive on 7-3, 1939. Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis, ruptured	10 days
Generalized Peritonitis	

Other contributory causes of importance: 121

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. A. Wilkinson, M. D.
(Address) 1103 Grand Ave. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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.