

No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17349**
Registrar's No. **1876**

Registration District No. **399**

Primary Registration District No. **1002**

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

I. 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: St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 29 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN P. DALTON **435**
3. (b) If veteran, name war None
3. (c) Social Security No. 494-76-5562

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Kohmann Dalton 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased February 11, 1911
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business 5

MOTHER FATHER
12. Name William Dalton **5**
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name MARY MULLANE
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Kohmann Dalton
(b) Address 3209 East 36 Street

17. (a) Burial (b) Date thereof May 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Zwick & Fabian Co

(b) Address 312 E. 1st

19. (a) May 5, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3209 East 36th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day Third
year 1940 hour 9:50 minute _____ A.M.
21. I hereby certify that I attended the deceased from Apr 30
1940 to May 3 19 40
that I last saw him alive on May 2 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Septic peritonitis **Duration 3 hrs**
due to ruptured appendix

Due to Ruptured appendix **5 hrs**

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations no

Of autopsy no

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 [Signature] (M. D. or other) _____
Address 730 W. 12th Date signed 5/3/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

B.W. J. Park Neal
Wagon Ring
Vic 9581

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

Harold Perry

Licensed Embalmer No. *4097*

P. O. Address *K.C. 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.