No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32298

Registration District No. 411 | Primary Registration District No. 5569 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper Galena Mo

(b) ~~City or town~~ Joplin "Rural" 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural R.F.D. No. 3, Box 106
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. No 3 Box 106
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MARTHA ANN DALTON

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

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife V J Dalton | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 10 (Day) 1866 (Year)

8. AGE: Years 74 | Months 5 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation At Home 1

11. Industry or business .....

FATHER
12. Name Alexander Moser 1
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Jane Abernathy
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Fred G Dalton
(b) Address Rte 3 Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (Month) 11 (Day) 1940 (Year)
(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Laupher Mortuary
(b) Address 1502 Joplin St Joplin, Mo

19. (a) 9-10-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 8 day 8
year 1940 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from ....., to ....., 19...;
that I last saw her dead alive on Sept. 9 — 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast, right	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 50	
Major findings: Of operations —	
Of autopsy View	

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? 3 7/8 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature A. A. Winchester (M.D. or other) Coroner 5
Address Joplin, Mo. Date signed 9-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.