No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Vail

State File No. 38739

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 948

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
870 N. Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 6 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 870 N. Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Ruley Dalton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Dalton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February (Month) 27 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	28	hr. min.

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

10. Usual occupation Woodworker

11. Industry or business

FATHER
12. Name William Dalton
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Mary Dalton
(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-26-40 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1940 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from November 12, 1940, to Nov 25, 1940 that I last saw him alive on Nov 20, 1940, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 A D Vail (M. D. or other) Phys.
Address Springfield Mo Date signed 11/25/40

(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 L Dealvi Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.