

State File No. ....

Registration District No. 199

Primary Registration District No. 5274

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ballwin

(b) City or town Ballwin Twp

(c) Name of hospital or institution: Rural

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

(If not in hospital or institution, write street number or location).

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Ballwin Twp

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

(d) Street No. Route # 5, North Kansas City (If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 years.

3. (a) PRINT FULL NAME Henry A. Dalton

(b) Is veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 9 year 1941 hour 2 minute 50 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rachael E. Dalton 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased Oct. 15 1849 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14, 1941, to April 8, 1941, that I last saw him alive on April 8, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 5 Days 24 If less than one day hr. min.

Immediate cause of death General arteriosclerosis

Due to \_\_\_\_\_

Due to 97

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Hamilton, Ontario, Canada (City, town, or county) (State or foreign country)

10. Usual occupation Contractor, Bell Bldg.

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry A. Dalton

13. Birthplace Eng. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Eng. (City, town, or county) (State or foreign country)

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? 913

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm. H. Gadsden (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

16. (a) Informant Mrs. Maud Barnell

(b) Address R. 5 - North Kansas City Mo

17. (a) Burial (b) Date thereof 4 10 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayetteville, Kan. city, Mo

18. (a) Signature of funeral director Chas. Archer

(b) Address Liberty, Mo.

19. (a) 4-9-41 (b) John S. Kingston (Date received local registrar) (Registrar's signature)

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

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**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.....

*Edgar Archer*

Licensed Embalmer No.....

*3311*

P. O. Address.....

*Liberty, 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.**