No. 2
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X28390

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

FILED JUN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18270

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Lawrence

(b) ~~City or town~~ Mount Vernon

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

(c) Name of hospital or institution: Missouri StateSanatorium

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

(d) Length of stay: In hospital or institution 527 days (Specify whether years, months or days)

In this community 527 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada

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

(d) Street No. 120 So Jefferson

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Arthur Dalton

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased January (Month) 1st (Day) 1909 (Year)

8. AGE: Years 32 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Dalton

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

MOTHER 14. Maiden name Vera Barner

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/6/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo

18. (a) Signature of funeral director Geo. B Orr

(b) Address Mt Vernon Mo

19. (a) 6-6-1941 (Date received local registrar) (b) P.A. Holmes (Registrar's signature) 421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1941 hour 10:20 minute P M.

21. I hereby certify that I attended the deceased from Dec. 24th 1939 to June 5th 1941 that I last saw him alive on June 5th 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Saw

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 D. E. Coffman (M. D. or other) C.M.D.

Address Mt Vernon Mo Date signed 6/6/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1941

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 wit the above constitutes grounds for revocation of license.)

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