

FILED FEB 9 1943
Registration District No. 120

Primary Registration District No. 5446

38
008
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Alanthus - Cooper Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community Lifeline years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Henry Jackson Dalbey

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Olive Grantham 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 8 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>-</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name John F. Dalbey

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

14. Maiden name Martha Estes

15. Birthplace Clinton Co. Mo. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Dalbey

(b) Address Alanthus, Mo.

17. (a) Burial (b) Date thereof Feb 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highris

18. (a) Signature of funeral director Edward Bush

(b) Address Alamy 7th

19. (a) Feb 3 1943 (b) Howe 27 26th
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 11 minute 2 A. M.

21. I hereby certify that I attended the deceased from Jan 6
1942 to Feb 2 1943
that I last saw him alive on Jan 9 1943
and that death occurred on the date and hour stated above

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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 Edward Crowson (M.D. or other) MD

Address Parnell Mo. Date signed Feb 2 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed..... Clifford Burch

..... Licensed Embalmer No. 3329

P. O. Address..... Albany 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.