

FILED AUG 20 1943
Registration District No. 20

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2339 Market St.
(If not in hospital or institution, write street number or location)

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

In this community 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Hannibal ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 2339 Market
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Minnie Elizabeth 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 Divorced

6. (b) Name of husband or wife William Dalton 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 23 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>1</u>	— hr. — min.

9. Birthplace Morgan County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Anon Gylliland

13. Birthplace not known ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane M. Young

15. Birthplace not known ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Melley

(b) Address 2339 Market, Hannibal, Mo.

17. (a) Burial (b) Date thereof June 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Cemetery

18. (a) Signature of funeral director Ray O. Schwartz

(b) Address 100 Broadway, Hannibal, Mo.

19. (a) 7/2/43 (b) Robt. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 1 minute — P. M.

21. I hereby certify that I attended the deceased from head on arrival ¹⁹ to June 24 1943 ^{7:30} that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to had an previous attack leaving left side paralyzed

Other conditions (Include pregnancy within 3 months of death) slight high blood pressure

Major findings of operations _____

Of autopsy 83a

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? at dinner table

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. Berry (M. D. or other)

Address Hannibal Mo Date 6-28-43

Duration _____

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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Broadway, Hannibal, 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.