No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1944

Registration District No. 38

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5102

State File No. 30455

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Benton

(b) City or town "Rural" Fristoe Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town "Rural" - Warsaw Mo
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Clinton Dalton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Arvilla May Dalton

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August (Month) 17 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	0	23	hr. min.

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

10. Usual occupation farmer

11. Industry or business

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

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

16. (a) Informant Mrs C.C.Dalton
(b) Address Warsaw, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bellview Cemetery

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) 9/11/44 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 15-16 to Sept 4, 1944 to —, 19__;
that I last saw him alive on 9-10-44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Coronary Insufficiency

Due to X

Due to X

Other conditions Right leg amputated
(Include pregnancy within 6 months of death)
20 yrs ago

Major findings
Of operations X
Of autopsy no

94a

Duration

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) no
(b) Date of occurrence 1
(c) Where did injury occur? X (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 H G Savage (M. D. or other)
Address Warsaw Mo Date signed 9-11-44

65

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Office No. 7
9-44-1082
Date Filed 10-3-44

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.