

FILED DEC 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 Belmont K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 76 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. 711 Belmont
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Milton Dalton

(b) If veteran, name war none (c) Social Security No. none

4. Sex 0 male race white 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 15 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 6 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Milton Dalton

13. Birthplace Jackson County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Johnson

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

16. (a) Informant John H Dalton

(b) Address 6229 Peery K.C. Mo.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. C. rson

(b) Address Independence Mo.

19. (a) 11-23-44 (b) T. G. Brown (N3)
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1942 - Sept 21
1944 to Nov 19 44
that I last saw him alive on Nov 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia Duration 4 days

Due to _____

Due to Had cerebral hemorrhage & hemiplegia for past year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy g301

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?

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

23. Signature Carl Allen M.D. (M. D. or other)
Address Independence Mo. Date signed 11-22-44

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..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address..... *Indep, 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.