S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20328

State File No. .....

FILED JUL 13 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 503

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community years, months or days) 15 Minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 2025 Benton St (If rural, give location)

(e) Citizen of foreign country? U.S.A 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ALVA-HERBERT-DALTON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Sept. (Month) 23 (Day) 1929 (Year)

8. AGE:

Years	Months	Days	If less than one day
15	9	0	..... hr. ..... min.

9. Birthplace Bradleyville (City, town, or county) MO (State or foreign country)

10. Usual occupation School Boy

11. Industry or business .....

FATHER
12. Name Herbert Dalton
13. Birthplace Taneyville (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Wilma Maurery
15. Birthplace Bradleyville (City, town, or county) MO (State or foreign country)

16. (a) Informant Herbert Dalton
(b) Address 2025 Benton St. Kansas City MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Near Taneyville MO

18. (a) Signature of funeral director Harry Forsyth

(b) Address Forsyth MO.

19. (a) 6-26-45 (Date received local registrar) (b) 15 W G Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19 ..., to ..., 19 ...; that I last saw h..... alive on ..., 19 ...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental traumatism by firearms	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

184.8 19

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) Accident 106

(b) Date of occurrence June 23 1945

(c) Where did injury occur? — (City or town) Taney (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? no (e) Means of injury 122 rifle

23. Signature Murray C Stone, Coroner (M. D. or other)

Address Springfield, MO Date signed 6-26-45

784

(Licensed Embalmer's Statement on Reverse Side)

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 Minnie L. Whitehead

Licensed Embalmer No. 22 77

P. O. Address Branson 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.