No. 2
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-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13094

FILED APR 22 1946

Registration District No. 44

Primary Registration District No. 1002

Registrar's No. 1695

1. PLACE OF DEATH:

(a) County: Jackson

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

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

(d) Length of stay: In hospital or institution: 7 Days (Specify whether years, months or days)

In this community: 7 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Anderson 997

(c) City or town: Garnett 14
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Harold P. Dalton

3. (b) If veteran, name war: No

3. (c) Social Security No. 509-07-5455

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Merle Dalton

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: June (Month) 19 (Day) 1889 (Year)

8. AGE: Years 56 Months 9 Days ~~24~~ 21 If less than one day hr. min.

9. Birthplace: Edgar (City, town, or county) Nebr. (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business:

FATHER
12. Name: Henry Dalton
13. Birthplace: Taylorville (City, town, or county) ILL. (State or foreign country)

MOTHER
14. Maiden name: Nancy Rogers
15. Birthplace: No Record (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Hospital Record

(b) Address: K-C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Apr. 10 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Garnett, Kans

18. (a) Signature of funeral director: Ferris Funeral Home

(b) Address: Garnett Kansas

19. (a) 4-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1946 hour 4:10 minute A M.

21. I hereby certify that I attended the deceased from Apr 5, 19 46 to Apr 10, 19 46 that I last saw him alive on 10 Apr, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric thrombosis — Duration 48 hrs.

Due to:

Due to: 51 K

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

Major findings: Of operations: Carcinoma of Prostate

Of autopsy:

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: H E Carlson (M. D. or other) MD

Address: 1531 Prof Bldg. Date signed: 10 Apr 1946

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1959

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 41 & State Line

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.