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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20731

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Ollsman Convalescent Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr (Specify whether

In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41

(c) City or town Webb City 6 (If outside city or town limits, write "RURAL")

(d) Street No. 302 S Tom St 2 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Margaret F. 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 Widowed

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased March (Month) 10 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	21	hr. min.

9. Birthplace Rocky Comfort (City, town, or county) Mo. (State or foreign country) 1

10. Usual occupation

11. Industry or business At Home

FATHER
12. Name Henry Lee 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Jane Matlock
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Miss Thelma Hudson

(b) Address Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cem

18. (a) Signature of funeral director Webb City Und Co.

(b) Address Webb City Mo

19. (a) 5-3-46 (Date received local registrar) (b) Ed James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1946 hour 12 minute P M.

21. I hereby certify that I attended the deceased from , 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 Cerebral hemorrhage	24 hrs
Due to	
Due to	
Other conditions Arterio sclerotic heart disease (Include pregnancy within 3 months of death)	20 yrs

Major findings:
Of operations
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 G. A. Schultz (M. D. ~~or other~~)

Address 6289 Main St Date signed 5-3-46

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(Licensed Embalmer's Statement on Reverse Side)

46-5-444

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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Neff City 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.