S. No. 2
M—2-43
. 5-17-39
X35897

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

31492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32662

Registration District No. 16 Primary Registration District No. 4030 Registrar's No. 16

**1. PLACE OF DEATH:**
(a) County Barton
(b) City or town Golden City
(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 (Specify whether years, months or days)
In this community 76 yrs.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Barton 6
(c) City or town Golden City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JASPER NEWTON DALTON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Dalton
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased January (Month) 23 (Day) 1855 (Year)

8. AGE: Years 91 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Jackson Co., (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer (Retired 10yrs.)
11. Industry or business
FATHER
12. Name Jesse Dalton
13. Birthplace (City, town, or county) Tenn. (State or foreign country) /
MOTHER
14. Maiden name Nancy S. Clark
15. Birthplace (City, town, or county) Tenn. (State or foreign country) /
16. (a) Informant Mrs. Ellen Dalton
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.
19. (a) Oct 12-1946 (Date received local registrar) (b) Hazel M. Pugh (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 11 year 1946 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 20 1946 to Sept 27 1946 that I last saw him alive on Sept 27 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | |
| Due to: angina pectoris | |
| Due to: chronic myocarditis + myocardial degeneration | several years |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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? /
While at work? (Specify type of place) (e) Means of injury 0
23. Signature Rudolf Kurpo (M. D. or other)
Address Golden City, Mo. Date signed 10-12-46

15 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1046-1052
Date Filed OCT 15 1946

## 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 H. F. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden 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.**