

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution: 5131 Garfield
(d) Length of stay: In hospital or institution unknown
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Cleveland Mo.
(d) Street No. 0
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EFFIE MATTIE DALTON
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1947 hour approx. 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 17 1947 to May 17 1947
that I last saw her alive on May 17 1947
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Charles Dalton
(c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sept 3 1893

Immediate cause of death Carcinoma of stomach with metastasis unknown
Duration

8. AGE: Years 83 Months 8 Days 14
If less than one day hr. min.

Due to
Due to
Other conditions Arteriosclerosis 466
(Include pregnancy within 3 months of death)

9. Birthplace Cleveland Mo.
10. Usual occupation House wife

Major findings Carcinoma of stomach with metastasis
Of operations
Of autopsy none
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name Eugene Miller
13. Birthplace Wea Kansas
14. Maiden name Lucy Ann Hendrickson
15. Birthplace Wea Kansas

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury
23. Signature Adria J. Brown (M. D. or other) Date signed May 17, 47
Address 350 E. Girard Blvd

16. (a) Informant Fern Patterson
(b) Address 5035 Troost St. C. Mo.
17. (a) Removal (b) Date thereof May 17-1947
(c) Place: burial or cremation Glenwood near Cleveland Mo.
18. (a) Signature of funeral director Rev. E. Myers
(b) Address Cleveland Mo.
19. (a) 5-17-47 (b) Gerald Holmes (Registrar's signature)

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

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..... *Geo. E. Myers*

Licensed Embalmer No. *2517*

P. O. Address *Cleveland 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.