

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3634

State File No.

FILED FEB 13 1948

Registration District No. 24

Primary Registration District No. 6093

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Mo. State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 5 mo 17 da
(Specify whether years, months or days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1948 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1947 to Jan 26, 1948
that I last saw her alive on Jan 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations

Of autopsy

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

23. Signature R. A. Koenig (M. D. or other)
Address Marshall Mo Date signed 1/26/48

3. (a) PRINT FULL NAME Kathleen Jean Dalton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased Jan 29 1935
(Month) (Day) (Year)

8. AGE: Years 12 Months 11 Days 27
If less than one day hr. min.

9. Birthplace Kansas City Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Michael J. Dalton 4

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Mc Auliffe

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Records Mo State School

(b) Address Marshall Mo

17. (a) Removal (b) Date thereof 1-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brook St Mary Church + Gobind

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 26 1948 (b) Sidney J. Gay
(Date received local registrar) (Registrar's signature)

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

S. F. Gray
768 Sodell

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-48

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 Howard W. Garner

Licensed Embalmer No. 3941

P.O. Address 768 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.