

Registration District No. 1940 318

Primary Registration District No. 2001

Registrar's No. 909

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

1. CAUSE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
516 Kimbrough  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 Months \_\_\_\_\_ (Specify whether  
years, months or days) 2

8. (a) PRINT FULL NAME Cora May Dalton

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jay Dalton 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Feb. 17 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 8 22 hr. \_\_\_\_\_ min.

9. Birthplace Bolivar Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business \_\_\_\_\_

12. Name Byron Lundsford

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

14. Maiden name Minerva Roberts

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

16. (a) Informant Jack Dalton

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogers, Arkansas

18. (a) Signature of funeral director H. E. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-11-40 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 516 Kimbrough  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1940 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Mar. 19  
1940 to Nov. 9, 1940  
that I last saw her alive on Nov. 8 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchial Pneumonia

Due to Overexposure of Cervical Sinus - Left Side

Due to Stroke by Auto. (Pedestrian)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental - Auto

(b) Date of occurrence Mar. 18 1940

(c) Where did injury occur? Springfield Greene Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place?  
Public Street Kimbrough & Clay Streets

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of Injury Auto

23. Signature Donald F. Elkins (M. D. or other) \_\_\_\_\_

Address Springfield Mo Date signed 11-13-40

**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.....

*L. Dublin Lorrain*

Licensed Embalmer No.....

*3177*

P. O. Address.....

*Springfield, 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, above space should be left blank.**

X