

2  
40  
39  
23159

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 77

1. PLACE OF DEATH: **Madison**

(a) County Fredericktown,

(b) City or town Fredericktown,  
(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 7 days  
(Specify whether in)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Benjamin Floyd Daggett,

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased January 10, 1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name T.B. Daggett,

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

14. Maiden name Clara Heddy  
Missouri.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant T.B. Daggett.

(b) Address Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11. 25. 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Cemetery.

18. (a) Signature of funeral director F. H. Yates.

(b) Address Fredericktown, Mo.

19. (a) Nov 25 - 1940 (Date received local registrar) (b) S. G. St.oughton (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24  
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 5 to Nov 24, 1940  
that I last saw him alive on Nov 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever

Duration 28 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Anaemia following  
(Include pregnancy within 3 months of death) subacute indigestion and malacia

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? Yes

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

23. Signature S. G. Stoughton (M. D. or other) \_\_\_\_\_  
Address Fredericktown, Mo. Date signed Nov 25, 1940

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.....

.....  
working under my personal supervision.

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

Signed.....

*Tom Rogers*

Licensed Embalmer No.....

*3905*

P. O. Address.....

*Piedmont*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**