No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5808

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 580

18
3
8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hrs. (Specify whether
In this community 71 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2115 E. 15th St. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruben J.Dayton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex m

5. Color or race wh

6. (a) Single, widowed, married, divorced Div 3

6. (b) Name of husband or wife Rose P. Dayton

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

7. Birth date of deceased 12 (Month) 12 (Day) 1869 (Year)

8. AGE: Years 71 Months 1 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) mo (State or foreign country) 0

10. Usual occupation House Painter

11. Industry or business

FATHER
12. Name Zachariah Dayton
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Jeannette Johnson
15. Birthplace Louisville (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant J. J. Williams
(b) Address 2416 East 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 East 15

19. (a) 7/10/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, Feb. day 7th
year 1941 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-7-41, 19 to 2-7-41, 19;
that I last saw him alive on 2-7-41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Cerebral arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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

23. Signature Henry R. Shoor (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital,K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Musser

Licensed Embalmer No. 2646

P. O. Address 1415 3 15 K.C. Mo

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

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