

FILED FEB 28 1944

Registration District No. 124

Primary Registration District No. 2000

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

1. PLACE 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: 646 S. Roberson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days) 2 months

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural - Marshfield
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Orville Dean Dalton

3. (b) If veteran, name war None

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 None

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

7. Birth date of deceased September - 18 - 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>4</u>	<u>17</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Infant

11. Industry or business X

12. Name Orville W. Dalton

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

14. Maiden name Mona Willis

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

16. (a) Informant Orville Dalton

(b) Address Marshfield Mo

17. (a) Burial (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo

18. (a) Signature of funeral director J. J. Gentry

(b) Address Marshfield Mo

19. (a) 2-8-44 (b) W. E. Haudley
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 5
year 1944 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from 12-10, 1943 to 2-5, 1944
that I last saw h. alive on 1-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal meningitis

Duration 2 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 338

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 0

23. Signature W. E. Haudley (M. D. or other)

Address Springfield Mo Date signed 2-8-44

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 _____

Licensed Embalmer No. 3312

P. O. Address Marshfield 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.