

Registration District No. 373

Primary Registration District No. 4245

Registrar's No. 19

12
002
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(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 x
(Specify whether)

In this community 46 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Marshfield 9
(If outside city or town limits, write "RURAL")

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

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

If yes, name country x

3. (a) PRINT FULL NAME Maggie Mae Dalton

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1944 hour 9 minute 30 p.m.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Delever Dalton

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: January - 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20th 1942 to March 4th 1944
that I last saw h. er. alive on March 3rd 1944
and that death occurred on the date and hour stated above. Yes

8. AGE: Years Months Days If less than one day

56	1	9	<u>x</u> hr. <u>x</u> min.
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Immediate cause of death Lobar Pneumonia

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

Due to Stroke

10. Usual occupation Housewife

Due to Hypertension

11. Industry or business Home

Other conditions Cancer of Breast
(Include pregnancy within 3 months of death)

12. Name Benjamin Burchett

Major findings: Of operations 50

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

Of autopsy

14. Maiden name Callie White

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant Mrs. Terrance Dyche (daughter)

(b) Address Kansas City, Kansas

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-6-44
(Month) (Day) (Year)

(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)

18. (a) Signature of funeral director For Loring

(b) Address Marshfield, Missouri

23. Signature E. S. Macaulay (and/or other) D.O.

19. (a) March 27 1944 (Date received local registrar)

Charlotte Bruce (Registrar's signature)

Address Marshfield Date signed Mar 6th 1944

1344

RECEIVED

District Health Officer No. 6,

District File Number 444-460

Date Filed APR 12 1944

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.