

FILED JUN 22 1944
Registration District No. 1918

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 MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
414 E. East Webster
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 3
(If outside city or town limits, write "RURAL") 6

(d) Street No. 414 E. Webster
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Taylor Stephen Dayton

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 4 minute 30 P.M.

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Dec. 21, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 1944 to May 30, 1944
that I last saw him alive on May 29, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 5 Days 9 If less than one day
hr. _____ min. _____

Immediate cause of death Acute pyelitis Duration 2 weeks

Due to kidney infection

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

10. Usual occupation None

Other conditions Chy. Cardio-vascular disease 10 yrs
(Include pregnancy within 3 months of death) disease

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Babe Dayton

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

14. Maiden name Margaret Kara Rogers

15. Birthplace Spartenberg S. Carolina
(City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy 93d

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary S. Dayton

(b) Address 414 E. Webster, Spfld. Mo

17. (a) Buried (b) Date thereof June 21-44
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Fred E. Phene

(b) Address Springfield MO

19. (a) 6-5-44 (b) S. W. Handy
(Date received local registrar) (Registrar's signature)

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

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

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? _____ (a) Means of injury _____

23. Signature Arthur Knabbe (M. D. coroner)

Address 400 E. Canal Date signed June 21, 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.....

Fred C. Thierme

Licensed Embalmer No. *2899*

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, fact should be so stated above.