

No. 2
5-42
-17-39
X32873

FILED AUG 21 1944
Registration District No. 373

Primary Registration District No. 4245-4545 Registrar's No. 43

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 X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X 1
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster / 162
(c) City or town Marshfield / 1
(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 0

3. (a) PRINT FULL NAME Charles Martin Dailey

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Mary A. 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased November - 30 - 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 1 If less than one day X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Dailey

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

14. Maiden name Sarah Storvent

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

16. (a) Informant George Dailey (son)

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof July - 3 - 1944
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Idyma Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) July 16 1944 (b) Charlotte Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 28
1944 to June 30 1944
that I last saw him alive on June 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis - Prostate origin

Due to _____

Due to _____

Other conditions Uremia -
(Include pregnancy within 3 months of death)

Major findings: 51 f

Of operations _____

Of autopsy _____

Duration
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?

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature C. P. Macdonnell (M. D. or other) M.D.

Address Marshfield, Mo. Date signed 7/12/44

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

20

RECEIVED

District Health Officer No. 6;

District File Number 844-939

Date Filed AUG 16 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 _____

L. L. Laine
Licensed Embalmer No. 3312

P. O. Address Marshfield, Missouri

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.