

FILED FEB 7 1945
Registration District No. 206

Primary Registration District No. 3042

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 months (Specify whether
In this community about 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne
(c) City or town Clubb, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME

Joel Alexander Daggett
3. (b) If veteran, name war no
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1945 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Cassie Virginia Daggett 6. (c) Age of husband or wife if 50 years
7. Birth date of deceased March 8 1883
(Month) (Day) (Year)

that I last saw him alive on, 19....., to, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound left imbedded right side of head above ear
Due to law

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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) Suicide
(b) Date of occurrence 1-12-45
(c) Where did injury occur? Fredericktown Madison Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Wayne Church, Fredericktown
(Specify type of place) (e) Means of injury 22 Rifle

23. Signature W.B. Jensen (M. D. or other) 2. Corbrey
Address Fredericktown Mo Date signed 1-13-45

8. AGE: Years Months Days If less than one day
61 10 4 hr. min.

9. Birthplace Patterson Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Self

12. Name Benzon Clark Daggett

13. Birthplace Bon Co, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Meadow

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

16. (a) Informant Tom J. Reynolds

(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof Jan-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Prospect, Wayne Co

18. (a) Signature of funeral director W.B. Jensen

(b) Address Fredericktown Mo

19. (a) Jan 16-1945 (b) S.G. Slaughter
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

4811

RECEIVED

District Health Officer No. 4

District File Number 245-181

Date Filed 2-6-45

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 H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.