

No. 2
M-5-43
7-5-17-39
I X36671

State File No. 26824
Registrar's No. 705

FILED SEP 10 1946
28

Registration District No. _____ Primary Registration District No. 1000

1. PLACE OF DEATH: GREENE
(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
414 E. Webster St.
(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 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 414 E. Webster St. 6
(If rural, give location)
(e) Citizen of foreign country? NO 8 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA CARRIE DAYTON
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 26th
year 1946 hour 1:50 A.M. minute _____ M. _____
21. I hereby certify that I attended the deceased from 20 August
1946 to 26 August, 1946
that I last saw her alive on 25 August, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Taylor Dayton
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 2, 1862
(Month) (Day) (Year)

Immediate cause of death Ephesostom & Cachexia
Due to Carcinoma of intestine (small) & stomach.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>84</u>	<u>5</u>	<u>24</u>	hr. _____ min/ _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Union, S. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER {
12. Name Oliver G. Rogers
13. Birthplace no record S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Johnson
15. Birthplace no record S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Dayton
(b) Address 414 E. Webster St., Springfield, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Fred U. Thiers
(b) Address Springfield, Mo.

19. (a) 8-27-46 (b) W. H. Handley
(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) _____
(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? 0
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Samuel E. Huff (M. D. or other) M.D.
Address 450 1/2 E. Commercial Date signed 26 Aug

/// (Licensed Embalmer's Statement on Reverse Side) Springfield, Mo. 10/4/46

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

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2
6

25000

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.....

Ralph H. Thiem

Licensed Embalmer No. 3651

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.