

FILED AUG 19 1948

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
214 Samuels St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXX  
(Specify whether  
In this community 71 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 214 Samuels  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXX

3. (a) PRINT FULL NAME William Lyman Dayton

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Della Dayton 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 4 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 10 If less than one day XXX hr. XXX min.

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

10. Usual occupation Police officer (Retired)

11. Industry or business XXX

12. Name James L. Dayton

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

14. Maiden name Polly Anna Hutchison

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

16. (a) Informant Grace Berry

(b) Address 2603 Annie Cabot St. P.M.

17. (a) Burial (b) Date thereof July 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchison Cem.

18. (a) Signature of funeral director James D. Jordan

(b) Address Chillicothe, Mo.

19. (a) July 16, 1948 (b) Louella Curry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1948 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 15, 1947 to July 14, 1948  
that I last saw him alive on July 14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 8 yrs  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions 938  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Chillicothe Mo. Date signed 7/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

59  
2

59  
1  
2

458

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**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.....

*James D Gordon*

Licensed Embalmer No. 1870.....

P. O. Address Chillicothe, 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.**