No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4501

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 153

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1000 Texas Railroad track 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No. 739 - N. Broadway 6 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVERD DALTON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Dalton
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Jan (Month) 14 (Day) 1917 (Year)

8. AGE: Years 31 Months 1 Days If less than one day hr. min.

9. Birthplace Marshfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Hayes Dalton
13. Birthplace Marshfield (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mattie Bedell
15. Birthplace Greene Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Mary Jane Dalton
(b) Address 739 - N. Broadway
17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield Cem
18. (a) Signature of funeral director H. V. Smith
(b) Address 602 - N. Jefferson
19. (a) 2-17-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from no physician in attendance 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death crushing injury of head
Due to Run over by R.R. train
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 13
(b) Date of occurrence Feb 15, 1948
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. right of way - 1000 Texas ave (Specify type of place)
While at work? No (e) Means of injury R.R.
23. Signature Murray C. Stone Coroner (M. D. or other)
Address Springfield, Mo Date signed 2-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1948

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 Herbert V. Smith

Licensed Embalmer No. 428 G

P. O. Address Springfield

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.