MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D DEC 5 1938

38650
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — 2 Registration District No. 85
(b) Township WASHINGTON — 1 Primary Registration District No. 1001 — Registered No. 1160
(c) City ST. JOSEPH, — (d) Street No. 603 NORTH NINTH, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME CLARENCE L. WALTON
(a) Residence, No. 603 NORTH NINTH ST. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MYRTLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCTOBER 2, 1871
7. AGE: YEARS 67 — MONTHS 1 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: EMPLOYEE
9. Industry or business in which work was done, as saw mill, bank, etc.: ST. RY. CO.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): E. ST. LOUIS, ILLINOIS

FATHER
13. NAME: JOSEPH WALTON,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN ILLINOIS

17. INFORMANT (ADDRESS): MRS. WALTON, 603 N. NINTH, ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK DATE: NOV. 22, 1938
19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MISSOURI.
20. FILED 11-22, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOVEMBER 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to Nov 21, 1938
I last saw him alive on Oct 16, 1938. Death is said to have occurred on the date stated above, at 2:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Arterio Sclerotic	?
Coronary Sclerosis	?
95	

Other contributory causes of importance:

Arterio Sclerosis general	?

Name of operation — Date of —
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) 307 Pr S Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 13 1938

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CERTIFICATE OF DEATH

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11/26/38

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No.
Township Washington Primary Registration District No. 1001 Registered No. 1160
City St Joseph Mo (No. 603 No 9 St. Ward)

2. FULL NAME 435 Clarence L. Walton.
(a) Residence, No. 603 No 9 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Walton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1871.

7. AGE YEARS 67 MONTHS 1 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Ry Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St Louis Ill

FATHER
13. NAME Joseph Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs Walton 603 No 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 11-22 1938

19. UNDERTAKER (ADDRESS) Fleeman & Son 1946 Calhoun St

20. FILED 11-22 1938 T. J. Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22 1938 to Nov 21 1938
I last saw him alive on Nov. 16 1938 Death is said to have occurred on the date stated above, at 2 45 a m.
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	Date of onset
Heart disease Arteriosclerosis	?
Coronary Sclerosis	?
Other contributory causes of importance:	
Arteriosclerosis gen	?

Name of operation Date of
What test confirmed diagnosis Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. W. Carle, M. D.
(Address) 301 P & S. Bldg.

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