DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39893
FILED DEC 11 1940
Registrar's No.

Registration District No. 292 Primary Registration District No. 6030

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Napton Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lincoln Knob
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 years 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Napton Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME John Allen Walson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth A. Walson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June (Month) 7 (Day) 1869 (Year)

8. AGE: Years 71 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Green Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name William Walson
13. Birthplace ✓ (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Martha Ann West
15. Birthplace Green Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Elizabeth Ann Walson
(b) Address Napton, Mo. Route #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Napton Mo.
18. (a) Signature of funeral director Campbell-Bunch
(b) Address Marshall Mo.
19. (a) NOV. 22, 1940 (Date received local registrar) (b) P. L. Lawless (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1940 hour 6 minute 17 M.
21. I hereby certify that I attended the deceased from Nov. 21, 1940, to Nov. 21, 1940 that I last saw him alive on Nov. 21 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	12 hrs
Due to Hypertension	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. L. Lawless (M. D. or other)
Address Marshall Mo. Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 12-11-425
Date Filed

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 R W Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.