

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
Bureau of Census

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35860**  
Registrar's No. **199**

Registration District No. **735**

Primary Registration District No. **3034**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Moberly City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Woodland Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)  
In this community **3 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph 88**  
(c) City or town **Higbee**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **✓**  
(If rural, give location)  
(e) Citizen of foreign country? **✓** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME **John Walton**

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 **Jennie Walton** 6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased **Jan 27<sup>th</sup> 1882**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **21** If less than one day hr. min.

9. Birthplace **Canada**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman State Highway Dept. State**

11. Industry or business **State**

12. Name **John Walton**

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

14. Maiden name **Margaret Doland**

15. Birthplace **Canada**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie Walton**

(b) Address **Higbee, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 21<sup>st</sup> 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Higbee, Mo.**

18. (a) Signature of funeral director **Mahan and Son**  
(b) Address **Moberly, Mo.**

19. (a) **Oct 21-41** (Date received local registrar) (b) **Leah Williams** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18<sup>th</sup>** year **1941** hour **6** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Oct. 15, 1941** to **Oct. 18, 1941**; that I last saw him alive on **Oct. 18, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction** Duration **?**  
Due to **Myocardial Infarction** **?**  
Due to **Heart Block** **X**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d** 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?

While at work? (Specify type of place) (e) Means of injury **✓**

23. Signature **Dr. J. S. Williams** (M.D. or other) Address **Moberly, Mo.** Date signed **10-20-41**

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

NOV 4 1941  
NOV 6 1941

**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... *Frank D. Witt* .....

Licensed Embalmer No... *3021* .....

P. O. Address... *Moberly, 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.**