

FILED DEC 23 1944

Registration District No. 131944

Primary Registration District No. 5591

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Hillsboro Mo. (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Central Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community 2 2 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Hillsboro Mo. (Rural)
 (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 Walter W. Walton

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hesterude Walton 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 31 1871
 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Waltons Mill Mo. U
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name John Walton

13. Birthplace Mineral Point Mo. U
 (City, town, or county) (State or foreign country)

14. Maiden name Betha Harrison

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

16. (a) Informant Halack Walton
 (b) Address Crystal City Mo.

17. (a) Burial (b) Date thereof 11-10-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director H. S. Vinyard
 (b) Address Festus Mo.

19. (a) Nov. 7-44 (b) W. E. Evans
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
 year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 15
 1944 to Oct 23 1944
 that I last saw him alive on Oct 23 1944
 and that death occurred on the date and hour stated above

Immediate cause of death Coronary sclerosis
Chronic myocarditis

Due to _____
 Due to 93d

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Bertold Bolger (M. D. or other) _____
 Address Festus, Mo. Date signed 11-9-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 12-5-44

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

J. H. Wenzel
.....
Licensed Embalmer No. 3010

P. O. Address Justinico

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.