

S. No. 2  
DM-5-43  
v. 5-17-39  
p. 1 X36671

17629

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED JUN 5 1946**

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether  
In this community 28 years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")

(d) Street No. 10th & Monroe  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Bemmery Walton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1946 hour 1 minute P M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 18 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 11, 1946. 19\_\_\_\_ to May, 11, 1946. 19\_\_\_\_  
that I last saw him alive on May, 11, 1946. A.M. 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>23</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis Chronic.  
Arterio-sclerosis, marked and extensive. Gradual onset.  
Due to Senility.

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

Due to XXX

Other conditions: No.  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name John Walton

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

14. Maiden name Malinda ?

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

Major findings:  
Of operations No operation.

Of autopsy None held.

16. (a) Informant Mrs. Robert Rapp

(b) Address 1612 East Broadway Sedalia, Mo.

17. (a) Burial (b) Date thereof 5-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 5/13/46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(b) Date of occurrence XXXX

(c) Where did injury occur? XXXX  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No injury.

While at work? XXXX (Specify type of place) (2) Means of injury XXXX

23. Signature [Signature] (M. D. or other) MD  
Date signed 5/13/46

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

COOPY

80  
6  
4

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-4-46

DR. T. A. O. H.

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address. Adelia 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.