-1/47
5-17-39

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

National Office of Vital Statistics

FILED NOV 28 1947

STANDARD CERTIFICATE OF DEATH

State File No. 37968

Registration District No. 44

Primary Registration District No. 4234

Registrar's No. 56

1. PLACE OF DEATH:
(a) County IRON
(b) City or town IRONTON MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS. 0
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County WASHINGTON 110 0 0
(c) City or town CADET RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RR. #1- ON 21 HIGHWAY
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN HAROLD WALTON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 16. (Day) 1946 (Year)

8. AGE: Years 1 Months 2 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation
11. Industry or business

FATHER
12. Name VICTOR WALTON
13. Birthplace FESTUS (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name ELIZABETH BORDEAUX
15. Birthplace (City, town, or county) WISCONSIN (State or foreign country) 1

16. (a) Informant ANGELA PORTELL
(b) Address CADET MO. RI.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-22-47. (Month) (Day) (Year)
(c) Place: burial or cremation OLD MINES MO
18. (a) Signature of funeral director Boyer FUNERAL HOME
(b) Address TOTOSI MO.
19. (a) 11-24-47 (Date received local registrar) (b) Avis Jones (Registrar's signature) 12 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1947 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 11-19-47, 19, to 11-20-47, 19; that I last saw h. m alive on 11-20-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute bilateral bronchial pneumonia	1 day
Due to acute Pharyngitis	?
Due to trachitis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature R. E. Garland (M. D. or other) M.D.
Address Ironton, Mo Date signed 11-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1490

Date Filed 11-26-47

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 Howard Higgenbotham, Registered Apprentice No. 53, working under my personal supervision.

Signed G. H. Boyer

Licensed Embalmer No. 4458

P. O. Address Potosi 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.