

No. 2
-12-45
-5-17-39
X47370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11928

FILED MAY 1 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Reno 999

(c) City or town Hutchison 14
(If outside city or town limits, write "RURAL")

(d) Street No. 313 west 18th. street 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Henry Walton, Jr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 19,
1948, to April 25, 1948;
that I last saw her alive on April 25, 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edith S. Walton 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November 1, 1899
(Month) (Day) (Year)

Immediate cause of death _____
Adenocarcinoma Pancreas 10 mos.

8. AGE:	Years	Months	Days	If less than one day
	48	5	25	hr. _____ min.

Due to _____

Due to _____

Other conditions Obstructive jaundice due to above
(Include pregnancy within 3 months of death)

9. Birthplace Higbee, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Credit Mgr. Bankers Inv Co.

11. Industry or business _____

12. Name Thomas H Walton, Sr.

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

14. Maiden name Nettie Jackson (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Edith S. Walton

(b) Address Hutchison, Kansas.

17. (a) Burial (b) Date thereof Apr-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higbee, Missouri

18. (a) Signature of funeral director Thorp J. Gordan

(b) Address Jefferson City, Missouri

19. (a) 4-27-48 (b) R. G. Warrick MD
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy As above 46 B

Duration

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 H. M. Wiley (M. D. or other) _____

Address Jefferson City, Mo Date signed 4-27-48

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

MOTHER FATHER

MAR 9 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 29 1948

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 _____

J. N. Houser, Registered Apprentice No. 42
working under my personal supervision.

Signed Ernest Leonard Dashi

Licensed Embalmer No. 24211

P. O. Address Person City

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.