

U.S. No. 2
OM-5-43
v. 5-17-39
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19982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1948

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
PA 507
54
19

1. PLACE OF DEATH:

(a) County Leflore

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

(c) Name of hospital or institution:
114 Stewart St.
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Leflore

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

(d) Street No. 114 Stewart St.
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS WALTON

3. (b) If veteran, name war _____

3. (c) Social Security No. 48 7-01-5661

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
48 year 2 hour 00 minute 0 M.

21. I hereby certify that I attended the deceased from 7 July 48
First visit 19____

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife Mrs. Anne Walton

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 12 1892
(Month) (Day) (Year)

that I last saw him alive on 7 July 48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Stroke

Duration _____

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

Due to _____

Due to _____

9. Birthplace Lexington Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Stationer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Thomas Walton

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

14. Maiden name Ellen Nelson

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

16. (a) Informant Mrs. Emma Walton

(b) Address Lexington Mo.

17. (a) Burial (b) Date thereof 7-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington

18. (a) Signature of funeral director James S. ...

(b) Address Lexington Mo.

19. (a) 10 Jul 1948 (b) Thomas Walton
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

3. Signature J. H. Ward _____ (Date) _____

Address Lexington, Mo. _____

JUL 29 1948
NOV 29 1948

JUL 13 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.....

....., Registered Apprentice No. _____,
working under my personal supervision.

Signed George L. Green

Licensed Embalmer No. 4229

P. O. Address Lexington 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.