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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 73

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35521

State File No.

Primary Registration District No. 3003

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 211 Euclid Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 211 Euclid Ave 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 9

If yes, name country none

3. (a) PRINT FULL NAME Fred Ernest Walton

3. (b) If veteran, name war none

3. (c) Social Security No. 702-07-6588

4. Sex M O

5. Color or race W

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

Family Name of husband or wife ~~Lizzie~~ Medlin Walton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 31 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Barry County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired RR Employee

11. Industry or business none

FATHER

12. Name Thomas Walton 4

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

MOTHER

14. Maiden name not known 4

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

16. (a) Informant Mrs. Fred Walton

(b) Address 211 Euclid, Monett Mo

17. (a) Burial (b) Date thereof Nov 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation IOOF Cem Monett Mo

18. (a) Signature of funeral director Dillon Funeral Home

(b) Address Monett Mo

19. (a) 11-16-48 (b) W. M. West 12
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from June 2, 1948, to Nov 12, 1948
that I last saw him alive on Nov 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	6 months
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93B

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Kerr MD (M. D. or other)

Address Monett Mo Date signed 11/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 248-1304
Date Filed 12-4-48

DEC 17 1948

DEC 7 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 J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Barry }

State File No.
Local Registrar's No. 13-3003

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of December, 1948, before me appears Mrs C. B. Main, who, upon he oath, states that the original record of ~~birth~~ death for Fred Ernest Walton, died ~~born~~ November 12, 1948, in the State of Missouri, and which was filed at Monett on Nov 13, 1948, should be corrected as follows:

Item No. 6 (b) should read Fannie Medlin Walton
Instead of Lizzie Medlin Walton

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. C. B. Main Daughter
Relationship.

506-4th St. Monett, Mo.
Present Address.

Subscribed and sworn to before me this 11th day of December, 1948.

My Commission expires 4/9/67 Maine Randolph Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-135
3-43
X37817

5-35521