

FILED MAY 2 1947

Registration District No.

Primary Registration District No. **5043**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Seligman**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution. (Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME **John T. Walden**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Zella** 6. (c) Age of husband or wife if alive. years (Day) (Year)

7. Birth date of deceased. **Sept. 29 1874**
(Month) (Day) (Year)

8. AGE: 71 Years 9 Months 5 Days If less than one day hr. min.

9. Birthplace **Carroll Co. Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Zella Walden**

12. Name **Joseph P. Walden**

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

14. Maiden name **Mary Wright**

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

16. (a) Informant

(b) Address **Seligman, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 7 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Beaver, Ark.**

18. (a) Signature of funeral director **Nelson Funeral Home**
(b) Address **Berryville, Ark.**

19. (a) **Apr 25-1947** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** 5
(c) City or town **Seligman** 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4** 1946
year. hour **3:00PM** minute M.

21. I hereby certify that I attended the deceased from **Mar. 15-**
1946 to **July 4** 19**46**

that I last saw him alive on **July 2** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Enterol Hemorrhage** Duration

Due to **Cancer of Stomach** 27 p
Malignancy (Cancer)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H&E**

Of autopsy

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 **Dr. Edward** (M. D. seal)
Address **Seligman** Date signed **7/7/46**

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

43806

RECEIVED

District Health Officer No. 6,

District File Number 447-517

Date Filed APR 29 1947

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 Paul L. Nelson

Licensed Embalmer No. 2992

P. O. Address Berryville, Ark

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.