

S. No. 2
-12-45
5-17-39
PI X47070

FILED APR 14 1947
Registration District No. 16

Primary Registration District No. 5594

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL—MERAMES
(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(d) Length of stay: In hospital or institution 1 YR. 1 MOS. 9 DAYS
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(d) Street No. 508 No. Hill 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WALTON
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE
4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NOT MARRIED 6. (c) Age of husband or wife if alive AS ABOVE years
7. Birth date of deceased APRIL 1 1865 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27 year 1947 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from February 19 1946 to March 25 1947 that I last saw him alive on March 25 1947 and that death occurred on the date and hour stated above.
Immediate cause of death CHRONIC MYOCARDITIS Duration _____

8. AGE: Years Months Days If less than one day
81 11 26 hr. min.

Due to CEREBRAL-ARTERIO-SCLEROTIC-CARDIO-VASCULAR-DISEASE.
Due to _____

9. Birthplace FLAT RIVER MO. O (City, town, or county) (State or foreign country)
10. Usual occupation BRICKLAYER—STONE MASON

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____ Of autopsy _____

11. Industry or business CONSTRUCTION
12. Name JAMES WALTON
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH HAMPTON (City, town, or county) (State or foreign country)
15. Birthplace FLAT ELVINS—MOO (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Brother Rock O.D. 3.
(b) Address St. Joseph's Hill Inf.
17. (a) Burial (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Festus Mo

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? _____

18. (a) Signature of funeral director H. W. Wengard
(b) Address Festus Mo
19. (a) 1-28-47 (b) Mrs. J. H. Mueckelo (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. M. Mardis M.D. (M. D. or other) M.D.
Address 3525 96 Vandeventer Date signed 3/27/47

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H. Lewis, Inc.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-2-47

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.....

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

Signed.....

Licensed Embalmer No. 3010

P. O. Address.....
Fenton, 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.