

13-40  
7-40  
x117

AUG 19 1940

State File No. \_\_\_\_\_

Registration District No. 046

Primary Registration District No. 5810

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution:  
R. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. R# 2 Box 158  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Miss Addie Jane Walton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th  
year 1940 hour 11:55 minute AM M.

21. I hereby certify that I attended the deceased from July 14  
\_\_\_\_\_, 1940, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Oscar R. Walton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 23 1901  
(Month) (Day) (Year)

that I last saw her alive on July 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

8. AGE: Years 38 Months 10 Days 22 If less than one day hr. min.

Due to Carcinoma of the Uterus, Intestinal Tract

Due to Open the entire abdominal cavity

Other conditions 48  
(Include pregnancy within 3 months of death)

9. Birthplace Groves Okla  
(City, town, or county) (State or foreign country)

Major findings: abd operation, X-Ray & Radium

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or Business \_\_\_\_\_

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? \_\_\_\_\_

12. Name Edward P. Kahar

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

14. Maiden name Delia Belle

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

23. Signature Dr. H. W. Bludell or other R. O.  
Address 2114 Joplin St. Joplin, Mo. Date signed 7/16/40

16. (a) Informant Osca R. Walton

(b) Address # 2 Joplin

17. (a) Burial (b) Date thereof July 16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Walt Atchard Co.

(b) Address Walt Atchard Co.

19. (a) 7-17-40 (b) Ed. S. Jarney  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 67

District File Number 840-2469

Date Filed \_\_\_\_\_

**AUG 14 1940**

**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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.**