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

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15121

Registration District No. 527 Primary Registration District No. 5703 Registrar's No.

1. PLACE OF DEATH:

(a) County MACON Bevier Rural

(b) ~~City or town~~ Bevier Rural

(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)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON

(c) City or town Bevier Rural

(If outside city or town limits write "RURAL")

(d) Street No. — (If rural, give location)

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

3. (a) PRINT FULL NAME MARTHA E. WALTON

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LUTHER WALTON

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased SEPTEMBER (Month) 22, (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	20	— hr. — min.

9. Birthplace CHARITON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

MOTHER FATHER

12. Name UNKNOWN

13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Gilbert Walton

(b) Address Bevier, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation CONCORD CHURCH CEM

18. (a) Signature of funeral director M. Edwards

(b) Address Bevier Mo

19. (a) 4-30-1941 (Date received local registrar) (b) Edw. Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 7, 1941, to April 16, 1941, that I last saw her alive on April 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 days
Due to Arterio-Sclerosis	1935 y
Due to —	
Other conditions (Include pregnancy within 3 months of death) 94	

Major findings:
Of operations —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J F Turner (M. D. ~~or other~~) M

Address Macon, Mo Date signed 4-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-995
Date Filed MAY 20 1941

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 W. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, Mo.

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

If this body is not embalmed, above space should be left blank.