

DEC 18 1941 84

Registration District No. \_\_\_\_\_

Primary Registration District No. 84 1452

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town RUSHVILLE MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 34 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN 11  
(c) City or town RUSHVILLE 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R.F.D. NO. 2  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 31  
year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from  
Aug 15 1941 to Oct 31 1941  
that I last saw her alive on Oct 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cerebral Apoplexy 3 months  
Duration

Due to arterial sclerosis  
Due to High blood pressure

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 430  
Of autopsy None  
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 0

23. Signature E. B. McAdow (M. D. attest)  
Address 57 N. 1st Mo Date signed Nov 1 1941

8. (a) PRINT FULL NAME MARY LUCY WALTON

8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MADISON D. WALTON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DEC. 4 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 27 hr. min.

9. Birthplace ESTILL COUNTY KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name WILLIAM WALTON

13. Birthplace ESTILL COUNTY KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name THERESA CANNI COFFEY

15. Birthplace ESTILL COUNTY KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Rice Walton

(b) Address RUSHVILLE MISSOURI

17. (a) BURIAL (b) Date thereof NOV. 2-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUGAR CREEK RUSHVILLE

18. (a) Signature of funeral director Wm Stanton

(b) Address Stahigon Kansas

19. (a) 11-2-41 (b) E. B. McAdow  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

---

---

**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.....

P. O. Address.....

**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, above space should be left blank.**