

FILED FEB 13 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether  
In this community **1 month**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Wichita** (b) County **Sedgwick**  
(c) City or town **Kansas**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Unknown**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **John R. Walton, Sr.**

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

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

6. (b) Name of husband or wife **Hattie M. Walton** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **January 28, 1866**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **2** If less than one day hr. min.

9. Birthplace **Unknown** **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **On Farm**

12. Name **Reuben Walton**

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

14. Maiden name **Hannah Richmond**

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

16. (a) Informant **John R. Walton, Jr.**

(b) Address **Wichita, Kansas**

17. (a) **Burial** (b) Date thereof **Feb 1, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wichita, Kansas**  
**Alma Lohmeyer Funeral Home**

18. (a) Signature of funeral director **Springfield, Missouri**

19. (a) **Jan 31, 1942** (b) **W. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **30th**  
year **1942** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 24, 1942** to **Jan 30, 1942**  
that I last saw him alive on **Jan 30, 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **uraemia**  
**chronic nephritis**

Due to **Senility + severe**  
**arterio sclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **1316**  
Of operations \_\_\_\_\_

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

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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature **Walter Stowell** (M. D. or other) **MD**

Address **Springfield, Mo.** Date signed **1-31-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

984

1

---

---

**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. 1767

P. O. Address Springfield

**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.**