

FILED JUN 21 1943
Registration District No. _____

Primary Registration District No. 4433

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(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 ✓
In this community 63 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME SYLVESTER B. WALTON

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife NEATIE E W 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 16 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Bloomfield Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation JEWELRY MERCHANT

11. Industry or business Retired (20 years)

12. Name IRA WALTON

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

14. Maiden name UNKNOWN

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

16. (a) Informant Gora J. Van Vleet

(b) Address Unionville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof April 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE SEMETERY

18. (a) Signature of funeral director CONSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO. By John A. Constock

19. (a) MAY 1 1943 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Unionville
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 3 minute 34 P.M.

21. I hereby certify that I attended the deceased from 11:30 AM
1943, to APR 28, 1943
that I last saw him alive on APR 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration 30 days

Due to _____
Due to _____
Other conditions g/a
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Unionville Mo Date signed 4-28-43

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

56
1
0

RECEIVED

District Health Officer No. 10

District File Number 5-43-854

Date Filed MAY 20 1943

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Shierville 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, above space should be left blank.