

S. No. 2  
M-5-43  
7-5-17-39  
I X38671

State File No. 11405  
Registrar's No. 27

FILED JAN 10 1945

Primary Registration District No. 5605

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Knobnoster Washington Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital  
Sedalia AAFld, Warrensburg, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six days 0  
(Specify whether)

In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County - 997

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

(d) Street No. 129 E. Brooklyn Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - 2

3. (a) PRINT FULL NAME Cpl Walter Crayton, ASN 38334700

3. (b) If veteran, name war World War II 3. (c) Social Security No. Unknown

4. Sex <u>Male</u>	5. Color or race <u>C</u>	6. (a) Single, widowed, married, divorced <u>Widower</u>
6. (b) Name of husband or wife <u>-</u>	6. (c) Age of husband or wife if alive <u>-</u> years	
7. Birth date of deceased <u>December 7 1900</u>	(Month)	(Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>-</u>	<u>3</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Pine Bluff Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

MOTHER	12. Name <u>Unknown</u>	
	13. Birthplace <u>Unknown</u>	<u>Unknown</u>
	14. Maiden name <u>Unknown</u>	<u>Unknown</u>
FATHER	15. Birthplace <u>Unknown</u>	<u>Unknown</u>

16. (a) Informant U. S. Army

(b) Address Sedalia AAFld, Warrensburg, Mo.

17. (a) Funeral (b) Date thereof Dec. 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Station Hospital, Sedalia, Mo.

18. (a) Signature of funeral director J. P. Stephens

(b) Address Sedalia, Missouri

19. (a) Dec 12 - 1944 (b) Mrs. C. L. Saults  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10  
year 1944 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from 5 December  
1944 to 10 December 1944;  
that I last saw him in alive on 10 December 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis, acute, fibrinous 2 days  
Duration

Due to Appendicitis, acute, suppurative, ruptured 6 days

Due to 12/11

Other conditions Glomerulo nephritis  
(Include pregnancy within 3 months of death)

Major findings: Acute perforated appendix 1. Acute fibrinous pericarditis 2. Glomerulo nephritis  
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 0

23. Signature Albert E. Steen (M. D. or other) MC  
Address Station Hospital, Sedalia, Mo. Date signed 12-12-44

**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.....

*J. J. Alexander*

Licensed Embalmer No. *4245*

P. O. Address. *Sedalia 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.