S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2105
State File No.

FILED FEB 14 1945
Registration District No.

Primary Registration District No. 3018

Registrar's No. 3

1. **PLACE OF DEATH:**
(a) County Dent Co
(b) City or town Salem Mo.
(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 1
(Specify whether
In this community 6 Years
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri Salem Mo. (b) County Dent 33
(c) City or town Salem (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Lloyd Walton

3. (b) If veteran, name war X

3. (c) Social Security No. 490-14-3814

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased July (Month) 11 (Day) 1900 (Year)

8. AGE: Years 44 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Butler CO. MO (City, town, or county) U (State or foreign country)

10. Usual occupation Laborer

11. Industry or business X

FATHER
12. Name Wm. Lee Walton
13. Birthplace Butler Co Mo (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Lovey Ann Macy
15. Birthplace Butler Co. Mo. (City, town, or county) U (State or foreign country)

16. (a) Informant Myrtle Walton
(b) Address Salem Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 45 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director
(b) Address

19. (a) 1-15-44 (Date received local registrar) (b) Geo. R. McCready M.D. (Registrar's signature)

1177

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan 13 day
year 1945 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Dec. 15, 1944, to 1-13, 1945; that I last saw him alive on 1-12, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	4 yrs
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work (e) Means of injury

Signature Charles K. Sachs M.D. or other
Address Salem Mo Date signed 1-15-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 2-45-93
Date Filed 2-12-45

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 Carl Rohrmann

Licensed Embalmer No. 93-20

P. O. Address Salem 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.