

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16904**
Registrar's No. **2078**

FILED MAY 20 1946
199

Registration District No. **199** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **6208 Ewing, 18th**
(d) Length of stay: In hospital or institution **15 yrs**
In this community **15 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City Mo**
(d) Street No. **6208 Ewing**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **REV. JAMES M. F. WALTON**
(b) If veteran, name war **no**
(c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **7**
year **1946** hour **4:30** minute **9-M.**

4. Sex **M** Color or race **W**
5. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife
(c) Age of husband or wife if alive years **19 1900**

21. I hereby certify that I attended the deceased from **July 1943** to **May 7 1946**
that he last saw her alive on **May 6 1946**
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **Oct 19 1900**
8. AGE: Years **45** Months **8 1/2** Days **13 1/8**

Immediate cause of death **Myocardial Infarction**
Chronic Hypertension 34 yr
Due to

9. Birthplace **Amsterdam N.Y.**
10. Usual occupation **Priest**
Industry or business **St. Stanislaus**

Other conditions **None**
Major findings: **93 e 2**
Of operations
Of autopsy

11. Name **James S. Walton**
12. Birthplace **Scranton Pa**
Maiden name **Mary E. Gallagher**
Birthplace **Marathon N.Y.**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(a) Informant **Rev. John W. Walton**
Address **3934 Washington**
(b) Date thereof **5-10-46**
Place: burial or cremation **St. Marys**
Signature of funeral director **J.P. Schubert**
Address **Kansas City Mo**

23. Signature **W.C. Lanley** (M. D. physician)
Address **1022 E. 12th St. Kansas City Mo**
Date signed **5-7-46**

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

15730

can be supplied by mail 6-18-46

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. P. Sheil

Licensed Embalmer No.....

3625

P. O. Address.....

K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ss.

State File No. 16904
Local Registrar's No. 2078

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of December, 1947, before me appears Rev. Supt. E.

Walton, who, upon his oath, states that the original record of ^{birth} death
for James M. F. Walton, died May 7, 1946, in the State of
Missouri; and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 1c. should read 6808 E. 18th

Instead of 6808 E wing

Item No. 11 should read St. Stanislaus

Instead of St. Stanislaus

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Robert E. Walton brother
Relationship.

1029 Dennington
St. L. Mo.
Present Address.

Subscribed and sworn to before me this 1 day of December, 1947.

My Commission expires Oct 21, 1951 Barrie M. Ruppel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

