

**FILED FEB 17 1947**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 hrs. 9 mo 1 day  
(Specify whether years, months or days)  
 In this community 24 hrs 9 mo 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Holmsos City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 820 Broad way  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth W. Walton

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife J. H. Walton 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 69 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name ? Do not know  
 13. Birthplace ? Do not know Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name ? Do not know  
 15. Birthplace ? Do not know Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Stratton  
 (b) Address 620 Broadway K.C. Mo.

17. (a) Removal (b) Date thereof Feb 8 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kentwoodville 2nd

18. (a) Signature of funeral director Stoney Funeral Home  
 (b) Address St. Joseph Mo.

19. (a) 2-11-47 (b) Ed S. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6  
 year 1947 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 5 1947 to Feb 6 1947;  
 that I last saw her alive on Feb 6 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized atherosclerosis

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

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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 1)

23. Signature Garrett Thomas (M. D. \_\_\_\_\_)  
 Address St. Joseph Mo. Date signed 2/7

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

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.....

Charles M. Harvillan....., Registered Apprentice No. 450  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 24351

P. O. Address St. Joseph

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.