

FILED DEC 2 1947

Registration District No. **365**

Primary Registration District No. **6238**

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

**1. PLACE OF DEATH:**  
 (a) County Washington  
 (b) City or town Belgrade  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Washington  
 (c) City or town Belgrade  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joseph Ono Walton  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 18 year 1947 hour 3 minute 00 P. M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ora Lou Walton  
 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased November 24 1898  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Belgrade, Washington Co., Missouri to Belgrade, Washington Co., Missouri on 11-18-47 that I last saw him alive on 11-18-47 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_  
 Due to Hypertension  
 Due to arterio-sclerosis

9. Birthplace Belgrade Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation merchant

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: g 7 P  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name John Walton  
 13. Birthplace Shirley Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Kirby  
 15. Birthplace Shirley Mo. (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Joe Walton  
 (b) Address Belgrade Mo.  
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)  
 (c) Place: burial or cremation Belgrade Mo.  
 18. (a) Signature of funeral director Norman White & Sons  
 (b) Address Ironton Mo.  
 19. (a) 11-26-47 (Date received local registrar) (b) Ella J White (Registrar's signature) 221

23. Signature J. S. Yeager (M. D. or other)  
 Address Belgrade, Mo. Date signed 11-24-47

RECEIVED

Health Officer No. 4  
File Number 1247-1495  
Date Filed 12-1-47

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 Ernest White

Licensed Embalmer No. 3012

P. O. Address Lyndon Tex

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.