. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 140

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

4668

State File No.

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Armstrong 0
(If outside city or town limits, write "RURAL")
(d) Street No. -- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME Robert S. Walton
3. (b) If veteran, name war ---
3. (c) Social Security No. --
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cassie Jane Preston
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased October (Month) 9 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	10	hr. -- min.

9. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Editor of Armstrong Herald
11. Industry or business -----
FATHER
12. Name Thomas Walton
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Stella Terrell
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cassie Walton
(b) Address Armstrong, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cemetery
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 2-28-1948 (Date received local registrar) (b) Dorothy Zeen Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1948 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 21-48, 19..., to Feb 19 1948; that I last saw him alive on Feb 19 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	1 mo.
Due to: Acute Intestinal Obstruction	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Acute obstruction	
Of autopsy: 12 20	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Mrs J Shaw (M. D. or other) M.D.
Address Fayette Mo. Date signed 2-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-4-48

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 Lloyd O. Jaggering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Fayette 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.