FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22298
Primary Registration District No. 1000
Registrar's No. 728

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: Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether
In this community 33 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Bendena 14
(If outside city or town limits, write "RURAL") 6
(d) Street No. Bendena, Kansas.
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Belle 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 John Walton
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased November (Month) 9 (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 27 If less than one day hr. min.
9. Birthplace Highland (City, town, or county) Kansas (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER
12. Name I. M. White
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Nancy Collins
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John Walton
(b) Address Bendena, Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland, Kansas.
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 7-12-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 2 minute 20 P M.
21. I hereby certify that I attended the deceased from May 15 1948 to July 6 1948 that I last saw her alive on July 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - generalized abdominal
Due to Hydrops - Gall bladder Chr. Cholecystitis with stones
Due to Generalized arteriosclerosis
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Major findings: 55E
Of operations microscopic - not yet finished
Of autopsy Carcinoma in doubt - may be granuloma

Duration

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)
While at work? (e) Means of injury
23. Signature L. Grant (M. D. or other) MD
Address St. Joseph, Mo Date signed 7-9-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th, St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.