

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAY 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

5532

Registrar's No.

757

1. PLACE OF DEATH:

Jackson

- (a) County _____
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether)
 In this community 12 YEARS
years, months or days

8. (a) PRINT FULL NAME JESS J. WALSH

8. (b) If veteran, name war WORLD WAR
 8. (c) Social Security No. 496-09-6937

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VERDA WALSH
 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased JUNE 28 1888
(Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>51</u> | <u>7</u> | <u>20</u> | hr. _____ min. |

9. Birthplace WACO, TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHT WATCH MAN

11. Industry or business SELF

- MOTHER FATHER { 12. Name JOSEPH WALSH 9

13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

- MOTHER FATHER { 14. Maiden name MARY M. CARTHY 9

15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Verda Walsh

- (b) Address 4815 E. 8th - K.C. Mo.

17. (a) Cremation (b) Date thereof 2-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation FLM WOOD CEM.

18. (a) Signature of funeral director SHEIL FUNERAL HOME

- (b) Address 6606 INDEPENDENCE AVE.

19. (a) Feb. 19, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4815 East 8th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
 year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-30-40, 19____, to 2-18-40, 19____;

- that I last saw him alive on 2-18-40, 19____; and that death occurred on the date and hour stated above.

- Immediate cause of death Thrombosis of right vertebral artery

- Due to 34

- Due to _____

- Other conditions Syphilitic aortitis; General Paresis
(Include pregnancy within 3 months of death)

- PHYSICIAN
 Major findings:
 Of operations _____

- Of autopsy See above

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

23. Signature R. W. Moore M.D. (M. D. or other)
Supt. K.C. Gen. Hospital, K.C. Mo. 2-20-40
 Address _____ Date signed _____

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.....

JOE B. Yoder....., Registered Apprentice No. # 233
working under my personal supervision.

Signed..... J. Sheil
Licensed Embalmer No. # 3625

P. O. Address.....

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, above space should be left blank.