No. 2
-1-4-41
-17-39
26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34399

Registration District No. FILED NOV 14 1941

Primary Registration District No. 1001

Registrar's No. 994

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph O. [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 118½ N.10th. 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME PEARL WALSH

3. (b) If veteran, name war none

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 Dennis J. Walsh

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mar. (Month) 7th. (Day) 1888 (Year)

8. AGE: Years 53 | Months 7 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Miland (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John Roe
13. Birthplace Unknown (City, town, or county) / Virginia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) / Virginia (State or foreign country)

16. (a) Informant Dennis J. Walsh
(b) Address 118½ N.10th. St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10--16--41 (Month) (Day) (Year)
(c) Place: burial or cremation Garnett, Kansas.

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) Oct 15, 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th.
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1941, to Oct 14, 1941; that I last saw her alive on Oct 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneum	Oct 4/41
Due to —	
Due to —	
Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	Oct. 7/41
Hypertension	
Major findings: Of operations —	
Of autopsy none 107	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address Kimpalmer Hay Date signed 10/15/41

(Licensed Embalmer's Statement on Reverse Side) St. Joseph

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~~.....

10-14-41, Registered Apprentice No.....

working under my personal supervision.

Signed Geo E Dami

Licensed Embalmer No. 3300

P. O. Address St Joseph M

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

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