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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 217

1. PLACE OF DEATH:

(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 E. 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Lifetime
(Specify whether years, months or days)
In this community: Lifetime

3. (a) PRINT FULL NAME

James Walsh

3. (b) If veteran, name year: None

3. (c) Social Security No. none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive, years: ✓

7. Birth date of deceased: October 9, 1864
(Month) (Day) (Year)

8. AGE: Years 77, Months 8, Days 5, If less than one day hr. min.

9. Birthplace: Pettis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: John Walsh
13. Birthplace: unknown
(City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A.C. Henderson
(b) Address: Route 4, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 16, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Pleasant

18. (a) Signature of funeral director: [Signature]
(b) Address: Sedalia, Mo.

19. (a) Date received local registrar: June 15, 1942
(b) Signature: Mrs. Anna Berger
(c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 4, 5 miles north of Sedalia.
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 13
year: 1942 hour: 3:30 minute: P. M.

21. I hereby certify that I examined the deceased from June 13, 1942, to June 13, 1942, to

that I last saw him alive on June 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary atherosclerosis, Chronic interstitial nephritis, Senility

Due to

Due to

Other conditions: 15

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: ✓

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: Dr. J. Bishop Corner (M. D. or other)
Address: Sedalia, Mo. Date signed: June 14, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

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 _____

Licensed Embalmer No. 3847

P.O. Address Idaho 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.