

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23658**
Registrar's No. **2700**

FILED JUL 27 1942

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(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 **7 days**
In this community **30 yrs.**
years, months or days

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. **920 Paseo**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

William Walsh

3. (b) If veteran, name war **none**

3. (c) Social Security No. **496-05-7430**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Dorothy Walsh** 6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **May 7 1912**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13th**
year **1942** hour **11** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **7-6-42** 19... to **7-13-42** 19...
that I last saw him **or** alive on **7-13-42** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic glomerular nephritis with hypertensive heart disease

Duration

8. AGE: Years **30** Months **2** Days **26** If less than one day hr. min.

9. Birthplace **Kansas City MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Defense worker**

11. Industry or business

MOTHER FATHER
12. Name **Joseph Walsh**
13. Birthplace **Kingston Penn**
(City, town, or county) (State or foreign country)
14. Maiden name **Eleanor Snow**
15. Birthplace **Clinton MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eleanor Walsh**
(b) Address **713 Garfield**

17. (a) **Burial** (b) Date thereof **July 16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenview**

18. (a) Signature of funeral director **Parantino Bros**
(b) Address **12 C St**

19. (a) **7-15-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

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) (Means of injury)

23. Signature **Lucy P. Shaw** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

(Licensed Embalmer's Statement on Reverse Side)

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

2-1-42

ME

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..... *Park Row*
Licensed Embalmer No. *2347*
- P. O. Address *K C 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.