. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 24023

Registrar's No. 223

16
1
4

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community about 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 4

(d) Street No. 502 Themis St (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Joseph N Walsey Sr

3. (b) If veteran, name war

3. (c) Social Security No. 494-07-7168

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced 3 divorced

6. (b) Name of husband or wife Minnie Snell

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

7. Birth date of deceased December (Month) 18 (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Chester (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired drugstore operator

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Helen Walsey

(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 (Month) (Day) 1942 (Year)

(c) Place: burial or cremation Lorimier Cemt

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau Mo.

19. (a) 8-3-42 (Date received local registrar) (b) J. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1942 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-28-42 ~~P~~, 19, to 7-31, 1942 that I last saw him alive on 7-31-42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemia due to urethral stricture	?
Contributing cause Cancer	
Due to of larynx,	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 47a	

Major findings:
Of operations
Of autopsy Cancer of larynx

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 Paul B Nunn (M. D. or other) MD

Address 704 Broadway Cape Girardeau, Mo. Date signed 8-3-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 842-1035
Date Filed 8-11-42

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 Earl Smith

Licensed Embalmer No. 2676

P. O. Address Cape Girardeau, 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.