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ev. 5-17-39
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31118

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 10 1942
182

Registration District No.

Primary Registration District No. 3055

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Bohler
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Barnett Walsh

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1942 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 9
1942 to Sept 13 1942
that I last saw him alive on Sept 13 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rosa Walsh 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 10 1866
(Month) (Day) (Year)

Immediate cause of death Cerebrovascular

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83a

Of autopsy _____

8. AGE: Years 76 Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Polk Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John B. Walsh

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Carter

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Walsh

(b) Address Bohler Mo

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

(c) Place: burial or cremation Mt Olive cemetery

18. (a) Signature of funeral director Chas Jester, Kitchener Co

(b) Address Bohler Mo

19. (a) 9-28-1942 (b) Alice Palen
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. W. ... (Specify type of place) (e). Means of injury _____
Address Bohler Mo Date signed _____

1294

(Licensed Embalmer's Statement on Reverse Side)

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

84

Wedge

RECEIVED

District Health Officer No. 71

District File Number 10-42-1031

Date Filed 10-2-42

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 *By Jester*
Licensed Embalmer No. 4154
P. O. Address *Boonville 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.