

FILED JUL 13 1943  
Registration District No. 949

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
POANOKE NURSING HOME 43660 SUMMIT AVE.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK.  
(Specify whether years, months or days) 50 YEARS.

3. (a) PRINT FULL NAME MARGARET C. 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 WIDOWED

6. (b) Name of husband or wife WILLIAM P. WALSH

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

7. Birth date of deceased JANUARY 12 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 5 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MARSHALL COUNTY KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name WILLIAM KENNEDY

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

14. Maiden name KATHERINE KELLY

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

16. (a) Informant FRANK P. WALSH.

(b) Address 1304 E. 36TH STREET.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S CEMETERY.

18. (a) Signature of funeral director MELLODY M. GILLEY.

(b) Address K. C. MO.

19. (a) 6-30-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 98

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY MO.

(d) Street No. 504 WESTPORT RD.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29TH  
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1942  
June 2, 1943 to June 29, 1943  
that I last saw her alive on June 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 yr.

Due to Arterio Sclerosis

Due to Senility '930

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature M. P. Casbolt (Embalmer)  
Address 1700 Belmont Ave. K. C. Mo. Date signed 7/15/43

DR. CASEBOLT.

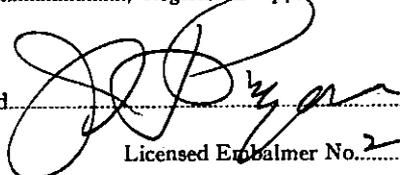
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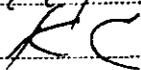
**STATEMENT BY LICENSED EMBALMER**

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. 2999.....

P. O. Address .....

**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.**