

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

32834

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1144

**FILED** OCT 16 1946  
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: County Jail  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) 63 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 2216 South 6th St  
(If rural, give location) no  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Joseph Walsh  
3. (b) If veteran, name war no  
3. (c) Social Security No. ~~no~~

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 6  
year 1946 hour 7 minute 30 A. M.  
21. I hereby certify that I attended the deceased from  
Oct 6th 46 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
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 Irene  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased October 25, 1882  
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 11 Days 11  
-If less than one day hr. min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Retired  
Armour & Company

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

12. Name unknown  
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. Robert Noland  
(b) Address 6501 Washington, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director Barry Funeral Home  
(b) Address St. Joseph, Mo.

19. (a) Oct. 11, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 Coroner  
23. Signature B. W. Tadlock (M. D.)  
Address King Hill Bldg Date signed 10/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

31662

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

92B

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St. Joseph, Mo.

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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..... *Victor J. Barry*.....  
Licensed Embalmer No. *4212*.....  
P. O. Address..... *St Joseph 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. 1**