No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33821

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4249

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:
Roanoke Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4112 Adams 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JAMES PATRICK WALSH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 9 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 56 Days 28 If less than one day hr. min.

9. Birthplace Kansas City Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired--10 years

11. Industry or business Dairy Owner

FATHER
12. Name Dennis Walsh 4
13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Shea 4
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Walsh
(b) Address 4112 Adams - K.C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/46
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frank Tobin
(b) Address 20 West Linwood

19. (a) 10-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Oct
year 1946 hour 6;30 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Oct 7, 1946, that I last saw him alive on Oct 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia	4 days
Fracture of right hip (Surgical neck)	5 wks
~~Due to~~ General arteriosclerosis	
Cerebral arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

5

186 18

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) Fracture Surgical neck right femur

(b) Date of occurrence 9/5-46

(c) Where did injury occur? K.C. Kans. Wyandotte Co Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home 136
(Specify type of place)

While at work? No (e) Means of injury Fall. 0

23. Signature P. J. O'Connell M.D. (M. D. or other)

Address 327 Argyle Bldg Date signed 10/8-46

K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.