

FILED APR 21 1947

State File No. 14386

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Madawaska

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

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

(d) Length of stay: In hospital or institution 21 Days
(Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State me (b) County Madawaska

(c) City or town Conception Jct ma
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN A. WALSH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1947 hour 10 minute 05 A.M.

21: I hereby certify that I attended the deceased from Mar 17
1947, to April 7 1947;

that I last saw him alive on April 7 1947;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased June 10 1877
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 7 + days

8. AGE: Years 69 Months 9 Days 27 If less than one day hr. 0 min. 0

9. Birthplace Gulfport mo
(City, town, or county) (State or foreign country)

Due to Chronic glomerular nephritis 3-4 mos.

Due to Uremy retention & ascending pyelitis 3-4 mos.

Other conditions Prostatic carcinoma See 21.
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Patrick Walsh

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

14. Maiden name Jane Spitzer

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

Major findings: Of operations Cystostomy for acute urinary retention

Of autopsy 51B

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jane Walsh

(b) Address Lincoln Ave

17. (a) Burial (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbian

18. (a) Signature of funeral director T. G. Giddis & Phillips

(b) Address Conception Jct. Mo

19. (a) 4-8-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

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 J. Kadell (M. D. or other) M.D.

Address Conception Jct., Mo. Date signed 4/8/47

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

MOTHER FATHER

MAY 9 1924

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 F. Phillips*
Licensed Embalmer No. *1898*
P. O. Address *Starkway 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.