

FILED JUN 30 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 777

1. PLACE OF DEATH:

(a) County... Buchanan

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

(c) Name of hospital or institution:  
St. Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Buchanan //

(c) City or town... St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No... 329 Virginia St. 7  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \*

3. (a) PRINT FULL NAME Anastasia Cecelia Walsh

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-2998

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1947 hour 3 minute 35 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased March 12 1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1947 to June 20, 1947 that I last saw ~~her~~ alive on June 19, 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	43	3	8	hr. min.

Immediate cause of death: Heart disease rheumatoid  
about 10:30 pm

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

Due to ...

Due to ...

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 95 B

Of autopsy none

10. Usual occupation Bookkeeper

11. Industry or business Hyeth Hardware Co.

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name Michael Walsh

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

14. Maiden name Ella Hayes

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

16. (a) Informant Miss Lena C. Walsh

(b) Address 329 Virginia

17. (a) Burial (b) Date thereof June 23, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. S. ...

(b) Address 1802 Union St. St. Joseph, Mo.

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) (Specify type of place)  
(Specify type of place) (Specify type of place)

23. Signature John H. ... (M. D. or other)  
Address ... Date signed 6-20-47

19. (a) 6-23-47 (b) E. G. Jenkins  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

*James W. O'Connell*  
working under my personal supervision.

Registered Apprentice No. *486*

Signed *Robert H. Gable*

Licensed Embalmer No. *3308*

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.**