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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Vinyard

State File No. 12228
Registrar's No. 293

Registration District No. 128
Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 N. Douglas 6
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James W. Walsh
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion Opal Walsh
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased July (Month) 16 (Day) 1906 (Year)

8. AGE: Years 41 | Months 8 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Yard Clerk
11. Industry or business Frisco R.R.
FATHER
12. Name James Walsh
13. Birthplace Totonto (City, town, or county) Canada (State or foreign country) 2
MOTHER
14. Maiden name Antinette Daily
15. Birthplace Lodi (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant Mrs. Marion O. Walsh
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 4/7/48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 10 minute a. M.
21. I hereby certify that I attended the deceased from Jan 1948, to 4-6 1948
that I last saw him alive on 4-6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Lymphatic Leukemia	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Robt Vinyard (M. D. ~~or other~~)
Address Springfield Mo Date signed 4-6-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 1 8 1948

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.