S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16571

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2040

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 619 West 39th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: James Joseph 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 0

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: April 2, 1948 (Month) (Day) (Year)

8. AGE: Years 0 | Months 1 | Days 8 | If less than one day: hr. min.

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

10. Usual occupation: none infant

11. Industry or business:

FATHER
12. Name: Jerry L. Walsh
13. Birthplace: Kansas City (City, town, or country) Kan. 1 (State or foreign country)

MOTHER
14. Maiden name: Erma Martin
15. Birthplace: Foster (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Jerry L Walsh
(b) Address: 619 W. 39th St.K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-49 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Mo.

19. (a) 5-12-48 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 10th year: 1948 hour: 11 minute: 15 A.M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19.... ; that I last saw the deceased alive on ..... 19.... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial Pneumonia

Due to: Prematurity & Immaturity

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 159

Of autopsy: About

Duration

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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: St. Joseph Hospital Date signed: 5-11-48

(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.....

Licensed Embalmer No. 7063

P. O. Address Kansas City, 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.