

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17215
State File No. 1877
Registrar's No.

Registration District No. 299

Primary Registration District No. 1002

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or address)

(d) Length of stay: In hospital or institution 10 days
(Specify whether life)

In this community life
years, months or days

3. (a) PRINT FULL NAME EDWARD WALSH

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucella Walsh

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE 58 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Cheese

11. Industry or business Unknown

12. Name Cathel Walsh

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

14. Maiden name Unknown

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

16. (a) Informant Paul Sloan

(b) Address 3021 Mulgare

17. (a) Burial (b) Date thereof 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Ernest Maghervey

(b) Address 2315 Lenwood

19. (a) May 12, 1941 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 708 Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1941 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-29-41, 1941, to 5-9-41, 1941;
that I last saw him alive on 5-9-41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum

Due to 1st

Due to 1st

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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)

(e) Means of injury 1

23. Signature Amey R. Thora (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital Date signed 5-12-41

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

100

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. *2560*

P. O. Address. *1807 East 29*

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.