

No. 2  
1-13-40  
-17-39  
X231

FILED SEP 17 1941  
791  
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State File No. ....

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 6713

1. PLACE OF DEATH:  
(a) County Soliharris mo  
(b) City or town Soliharris mo  
(c) Name of hospital or institution: Pronounced Dead City Hosp. #1  
(d) Length of stay: In hospital or institution 0  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo  
(b) County soliharris  
(c) City or town Soliharris mo  
(d) Street No. 1875 Cass ave  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Peter Walsh  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 15th  
year 1941 hour 8:30 minute P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife margaret 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased unknown

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

8. AGE: Years Months Days If less than one day  
abt 66 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Apoplexy;

9. Birthplace Ireland 4  
10. Usual occupation Laborer day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name unknown 4  
13. Birthplace Ireland 4  
14. Maiden name unknown  
15. Birthplace Ireland 4

Major findings:  
Of operations none  
Of autopsy none

16. (a) Informant margaret Walsh  
(b) Address 1875 Cass ave  
17. (a) burial (b) Date thereof 8-19-1941  
(c) Place: burial or cremation Calvary Cem

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director John J. Small  
(b) AUG 18 1941  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_

While at work \_\_\_\_\_  
23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 8/18/41

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

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**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..... *Thos J. Finnan* .....

Licensed Embalmer No..... *1199* .....

P. O. Address.....

**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.**