

S. No. 2
M-1-4-41
v. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Campion 25004
State File No. _____
Registrar's No. 549

ED JUL 24 1943

Registration District No. 318 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(c) County. GREENE
(b) City or town. Springfield
(c) Name of hospital or institution:
741 N. Warren /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community. _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Greene
(c) City or town. Springfield
(If outside city or town limits, write "RURAL.")
(d) Street No. 741 N. Warren
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha May Walsh

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. John Walsh 6. (c) Age of husband or wife if alive. Unk. years

7. Birth date of deceased. July 31 1888
(Month) (Day) (Year)

8. AGE: Years ✓ 54 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Near Lafayette Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Scott W. Altic
13. Birthplace Unk. Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Zenobia Winner
15. Birthplace Unk. Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant John Walsh
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Slagel Mo. Cemetery

18. (a) Signature of funeral director. H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-9-43 (b) Dr. W.E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 1941 to July 7 1943
that I last saw her alive on July 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Terminal uremia through obstruction Duration 6 weeks

Due to Scirrhous carcinoma with metastasis throughout abdomen 2 YRS

Due to and pleura beginning at transverse colon

Other conditions. (Include pregnancy within 3 months of death) H&F

Major findings: Metastatic scirrhous carcinoma

Of autopsy _____

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? _____

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

23. Signature William Champion (M.D. or other) MD
Address St. Louis, Mo. Date signed 7-8-43

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

39
2
6

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.

X