

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trouton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 215 W Crowder!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Trouton
(If outside city or town limits, write "RURAL")
(d) Street No. 215 W Crowder
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE HAZEL WALSH

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife James Walsh 6. (c) Age of husband or wife if
7. Birth date of deceased Sept 8 1891 alive 57 years
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1945 hour 6:50 minute P M.
21. I hereby certify that I attended the deceased from about
1 year to _____, 19____
that I last saw him alive on Oct 11, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration about 1 year

8. AGE: Years 54 Months 1 Days 4 If less than one day
hr. _____ min. _____

9. Birthplace Biglow no 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robt. E. Calliothe
13. Birthplace Clayton Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Arinda Symington
15. Birthplace Arinda Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant James Walsh
(b) Address 215 W. Crowder Trouton

17. (a) Burial (b) Date thereof 10 15 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem. - Trouton

18. (a) Signature of funeral director Ed. Duffy

(b) Address 1314 Cedar Trouton

19. (a) 10-15-45 (b) Irene Jau
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 485

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 Ed. Duffy (M. D. or other) _____
Address Trouton Mo. Date signed Oct 15

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

40
1
2

JUN 26 1946

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 Wesley H. Bradford
Licensed Embalmer No. 4370
P. O. Address Frenton 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.