

S. No. 2  
M-5-43  
5-17-39  
-i X36571

**FILED MAR 14 1947**

Registration District No. 114 Primary Registration District No. 3-03-8-5 687 Registrar's No. 8

**1. PLACE OF DEATH:**

(a) County Linn

(b) City or town St. Catherine  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 16 days  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 68 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Linn 58

(c) City or town Southwest of St. Catherine  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter Francis Walsh

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

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife Vena L. Walsh

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

7. Birth date of deceased Aug - 13 - 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 6 17 hr. min.

9. Birthplace South of St. Catherine Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name George Walsh

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

14. Maiden name Margaret M. Mahan

15. Birthplace New York City New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Walsh

(b) Address St. Catherine, Mo.

17. (a) Burial (b) Date thereof March 5, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael Cemetery

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield, Missouri

19. (a) 3-4-47 (b) Walter B. Brown  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2  
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from January 9, 1947 19. to March 2, 1947  
that I last saw him alive on March 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 8 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Prophylax (Include pregnancy within 3 months of death) 6 yrs.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**46F**

**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 2

23. Signature W. W. Patten (M. D. or other) MD

Address Brookfield, Mo. Date signed 3-3-47

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield, 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.**