

FILED APR 29 1948

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barry Monett
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 503 6th St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) Over Sixty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett (If outside city or town limits, write "RURAL") 2
(d) Street No. 503 6th St (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME

John Howard Walsh

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 18 1948 to April 6 1948;
that I last saw him alive on April 3 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cocciemia of Sigmoid with gross hemorrhage
Duration not known 2 wks.

4. Sex M

5. Color or race W

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

(b) Name of husband or wife Priscilla Walsh

(c) Age of husband or wife if alive deceased years

7. Birth date of deceased November 2 1859
(Month) (Day) (Year)

8. AGE:

Years 88

Months 5

Days 4

If less than one day hr. min.

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

10. Usual occupation Retired Grocery Merchant

Other conditions Old age
(Include pregnancy within 3 months of death)

11. Industry or business none

MOTHER FATHER

12. Name John Walsh

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

14. Maiden name Ellen Forcher

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

16. (a) Informant Mrs Margaret Johnson

(b) Address 503 - 6th St Monett Mo

17. (a) Burial (b) Date thereof 4-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo

18. (c) Signature of funeral director Callaway Funeral Home

(b) Address Monett Mo

19. (a) 4-6-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

Major findings: none
Of operations none
Of autopsy not done

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? _____

23. Signature Robert Dudley (M. D. or other) MD
Address Monett Mo Date signed April 6 48

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

RECEIVED

District Health Officer No. 6;

District File Number 448-546

Date Filed APR 28 1948

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. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address.....

Monroton

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.