N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23 1931

1. PLACE OF DEATH
County Lafayette
Township Clay
City ..... (No. ..... St. ..... Ward)

Registration District No. 466
Primary Registration District No. 5622C

File No. 41420
Registered No. 16

2. FULL NAME Unknown (Body taken from Missouri river Dec. 10th 1931 near Wellington MO.
(a) Residence, No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) no information

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know

7. AGE About 42 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dont Know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year) "
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Information

FATHER
13. NAME " "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Ernest Fegert Lexington MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington MO DATE Dec 12 1931

19. UNDERTAKER (ADDRESS) Ernest Fegert Lexington MO

20. FILED Dec 12 1931 F. W. Mann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/31

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Drowning
213D

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Edmund Lissack, M. D.
(Address) Coroner Lafayette Co. Concordia, Mo.

STATE OF MISSOURI)
) SS:
COUNTY OF JACKSON)

Peter B. Lapetina of lawful age, being duly sworn upon his oath, states: I reside at 536 Campbell in Kansas City, Jackson County, Missouri, and my undertaking establishment is located at the same place.

Mrs. Mary Minnie Welch came to me and informed me that her husband had been buried as an "Unknown" at Lexington, Missouri, and requested that I exhume the body, bring it to Kansas City and have appropriate burial made. I followed her instructions and after bringing the body to Kansas City I informed Mr. H. N. Morgan, Attorney for the American Legion, that the body was here and he had Lieutenant Gordon, Chief of the Bureau of Identification of the Metropolitan Police Department of Kansas City, Missouri, come to my establishment for the purpose of taking fingerprints of this body. Lieutenant Gordon, in my presence and assisted by one of my assistants, and in the presence of Mr. Morgan, had the skin removed from the right forefinger and the right middle finger, cleaned the skin and dried it and took the fingerprints. These were the only two fingers on which the skin was sufficiently preserved to take the prints.

The body was buried by me at the direction of the widow, and the widow definitely identified the body in my establishment because of certain tattoo marks upon the right arm.

These tattoo marks were as follows:

A Horse Shoe; above the Horse Shoe, R. O. D. M. I. S. B. A. H.; in the Horse Shoe, crossed hammers with the number 83 above them; below the design, the letters O. A. K. G. K.

Further affiant sayeth not.

Peter B. Lapetina

Subscribed and sworn to before me this 31st day of December 1931.

My commission expires Jan 24-1933

Wm. R. Ross (Notary Public)

STATE OF MISSOURI)
) SS:
COUNTY OF JACKSON)

William Gordon of lawful age, being duly sworn upon his oath, states: I am a Lieutenant in charge of the Bureau of Identification of the Metropolitan Police Department of Kansas City, Missouri.

At the request of Mr. H. N. Morgan, Attorney for the American Legion, I went to the undertaking establishment of Peter B. Lapetina, Saturday, December 19, 1931. While there I was requested to take fingerprints of a man who was badly decomposed because of drowning. Upon this man's right forearm there were various tattoo marks by which the family identified him.

Upon examination of the body I found that there were only two fingers upon which the skin was sufficiently preserved to take prints. They were the right forefinger and right middle finger. Because of the condition of the flesh beneath the skin, it was necessary to cut the skin free from the flesh on both fingers, slip the skin off, clean the skin, dry it, and, by means of my finger inserted in the skin, I took the prints. I took these in the presence of the undertaker, Peter B. Lapetina, and in the presence of H. N. Morgan, Attorney for the American Legion. These fingerprints are the true finger prints of the party deceased who has been identified as George Welch - his wife, two step-sons and a step-daughter having identified him. The skins of these two fingers are preserved in alcohol at the undertaking establishment of Peter B. Lapetina, located at 536 Campbell, Kansas City, Missouri.

Further affiant sayeth not.

William C. Gordon

Subscribed and sworn to before me this 2nd day of Jan 1932.

H N Morgan (Notary Public)

My Commission Expires March 21, 1934.

1206 A.

CLASS OF SERVICE DESIRED			
DOMESTIC		CABLE	
TELEGRAM		FULL RATE	
LETTER		DEFERRED	
NIGHT MESSAGE		CABLE LETTER	
NIGHT LETTER		WEEK END LETTER	

Patrons should check class of service desired; otherwise message will be transmitted as a full-rate communication.

WESTERN UNION

NEWCOMB CARLTON, PRESIDENT — J. C. WILLEVER, FIRST VICE-PRESIDENT

NO.	CASH OR CHG.
CHECK	
TIME FILED	

Send the following message, subject to the terms on back hereof, which are hereby agreed to

1932 JAN. 2 A.M. 9 55

K A J 17 8 COLLECT -WASHINGTOB D C 2 1045A

H. N. MORGAN, VETERANS WELFARE COMMITTEE-
210 MEDICAL ARTS BLDG.-

GEORGE WELCH FINGERPRINTS IDENTIFIED BY ADJUTANT GENERAL.

W.B. MILLER.,

Jan. 2, 1932

I, H. N. MORGAN, NOTARY PUBLIC, IN AND FOR JACKSON COUNTY, HEREBY CERTIFIED: THAT THE ABOVE TELEGRAM IS A TRUE AND CORRECT COPY OF THE TELEGRAM RECEIVED BY ME JAN. 2, 1932 FROM WATSON B. MILLER.? CHAIRMAN NATIONAL REHABILITATION COMMITTEE OF THE AMERICAN LEGION,- WASHINGTON D. C.

H. N. Morgan

NOTARY PUBLIC.

[illegible] 1934

THE QUICKEST, SUREST AND SAFEST WAY TO SEND MONEY IS BY TELEGRAPH OR CABLE

ALL MESSAGES TAKEN BY THIS COMPANY ARE SUBJECT TO THE FOLLOWING TERMS:

To guard against mistakes or delays, the sender of a message should order it repeated, that is, telegraphed back to the originating office for comparison. For th one-half the unrepeated message rate is charged in addition. Unless otherwise indicated on its face, this is an unrepeated message and paid for as such, consideration whereof it is agreed between the sender of the message and this company as follows:

1. The company shall not be liable for mistakes or delays in the transmission or delivery, or for non-delivery, of any message received for transmission at the u peated-message rate beyond the sum of five hundred dollars; nor for mistakes or delays in the transmission or delivery, or for non-delivery, of any message received r transmission at the repeated-message rate beyond the sum of five thousand dollars, *unless specially valued;* nor in any case for delays arising from unavoidable interru tion in the working of its lines; nor for errors in cipher or obscure messages.

2. In any event the company shall not be liable for damages for mistakes or delays in the transmission or delivery, or for the non-delivery, of any message, wheth caused by the negligence of its servants or otherwise, beyond the sum of five thousand dollars, at which amount each message is deemed to be valued, unless a great value is stated in writing by the sender thereof at the time the message is tendered for transmission, and unless the repeated-message rate is paid or agreed to be pai and an additional charge equal to one-tenth of one percent of the amount by which such valuation shall exceed five thousand dollars.

3. The company is hereby made the agent of the sender, without liability, to forward this message over the lines of any other company when necessary to reac its destination.

4. Domestic messages and incoming cable messages will be delivered free within one-half mile of the company's office in towns of 5,000 population or less, and within one mile of such office in other cities or towns. Beyond these limits the company does not undertake to make delivery, but will, without liability, at the sender's request, as his agent and at his expense, endeavor to contract for him for such delivery at a reasonable price.

5. No responsibility attaches to this company concerning messages until the same are accepted at one of its transmitting offices; and if a message is sent to such office by one of the company's messengers, he acts for that purpose as the agent of the sender.

6. The company will not be liable for damages or statutory penalties in any case where the claim is not presented in writing within sixty days after the message is filed with the company for transmission.

7. It is agreed that in any action by the company to recover the tolls for any message or messages the prompt and correct transmission and delivery thereof shall be presumed, subject to rebuttal by competent evidence.

8. Special terms governing the transmission of messages according to their classes, as enumerated below, shall apply to messages in each of such respective classes in addition to all the foregoing terms.

9. No employee of the company is authorized to vary the foregoing.

THE WESTERN UNION TELEGRAPH COMPANY
INCORPORATED
NEWCOMB CARLTON, PRESIDENT

CLASSES OF SERVICE

TELEGRAMS

A full-rate expedited service.

NIGHT MESSAGES

Accepted up to 2:00 A.M. at reduced rates to be sent during the night and delivered not earlier than the morning of the ensuing business day.

Night Messages may at the option of the Telegraph Company be mailed at destination to the addressees, and the Company shall be deemed to have discharged its obligation in such cases with respect to delivery by mailing such night messages at destination, postage prepaid.

DAY LETTERS

A deferred day service at rates lower than the standard telegram rates as follows: One and one-half times the standard night letter rate for the transmission of 50 words or less and one-fifth of the initial rates for each additional 10 words or less.

SPECIAL TERMS APPLYING TO DAY LETTERS:

In further consideration of the reduced rate for this special Day Letter service, the following special terms in addition to those enumerated above are hereby agreed to:

A. Day Letters may be forwarded by the Telegraph Company as a deferred service and the transmission and delivery of such Day Letters is, in all respects, subordinate to the priority of transmission and delivery of regular telegrams.

B. This Day Letter is received subject to the express understanding and agreement that the Company does not undertake that a Day Letter shall be delivered on the day of its date absolutely, and at all events; but that the Company's obligation in this respect is subject to the condition that there shall remain sufficient time for the transmission and delivery of such Day Letter on the day of its date during regular office hours, subject to the priority of the transmission of regular telegrams under the conditions named above.

No employee of the Company is authorized to vary the foregoing.

NIGHT LETTERS

Accepted up to 2:00 A.M. for delivery on the morning of the ensuing business day, at rates still lower than standard night message rates, as follows: The standard telegram rate for 10 words shall be charged for the transmission of 50 wor or less, and one-fifth of such standard telegram rate for 10 words shall be charg for each additional 10 words or less.

SPECIAL TERMS APPLYING TO NIGHT LETTERS:

In further consideration of the reduced rates for this special Night Letter service, the following special terms in addition to those enumerated above are hereb agreed to:

Night Letters may at the option of the Telegraph Company be mailed a destination to the addressees, and the Company shall be deemed to have discharged its obligation in such cases with respect to delivery by mailing such Nigh Letters at destination, postage prepaid.

No employee of the Company is authorized to vary the foregoing.

FULL RATE CABLES

An expedited service throughout. Code language permitted.

DEFERRED HALF-RATE CABLES

Half-rate messages are subject to being deferred in favor of full rate messages for not exceeding 24 hours. Must be in language of country of origin or of destination, or in French. This class of service is in effect with most European countrie and with various other countries throughout the world. Full particulars supplied on application at any Western Union Office.

CABLE LETTERS

For plain-language communications. The language of the country of de tination may be employed, if the Cable Letter service is in operation to that countr Subject to delivery at the convenience of the Company within 24 hours if telegraph delivery is selected. Delivery by mail beyond London will be made if a full ma ing address is given and the words "Post London" are written after the dest tion. Rate is approximately one-third of the full rate; minimum 20 words.

WEEK-END LETTERS

Similar to Cable Letters except that they are accepted up to midnight Saturd for delivery Monday morning, if telegraphic delivery is selected. Rate is appr imately one-quarter of the full rate; minimum 20 words.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Lafayette — Registration District No.: 466 — File No.:
Township: City — Primary Registration District No.: — Registered No.: 16
City: ~~Near Wellington Mo~~ Wellington (No. ..... St. ..... Ward)

2. FULL NAME: Thomas Welch
(a) Residence, No. 2508 E Front St., Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mary M Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8th 1890

7. AGE: Years 41 — Months 6 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boat Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: River Boat
10. Date deceased last worked at this occupation (month and year): Nov 15th 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Strukerville, Mo

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: ~~Hanna Lafayette~~ Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mary M Welch + Lenny Pappas + Co Coroner

18. ~~BURIAL OR CREMATION~~ OR REMOVAL: Kansas City, Mo DATE Dec 18th, 31

19. UNDERTAKER (ADDRESS): Peter B Lapetina, 536 Campbell.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ....., 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-23, 1931
Where did injury occur? On Mo. River Lafayette County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury: Fell off Boat
Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: While working on Boat, Fell in
(Signed) H. N. Morgan Atty American Legion
(Address) 210 Mid Atlantic K.C., Mo

SUPPLEMENTARY

Buried Maple Hill Cemetery K.C.K Dec 21st 1931

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES ... PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 466 — File No.:

Township: Twp. Clay — Primary Registration District No.: — Registered No.:

City: Near Wellington (No. ..... St. ..... Ward)

2. FULL NAME George Welch

(a) Residence, No. 2508 E. Swanee St., ... Ward. Kansas City Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary M. Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8 - 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boat tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: River boat

10. Date deceased last worked at this occupation (month and year): Nov. 31

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steubenville Mo.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mary M. Welch Army Pavilion Forest Oakes

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kansas City Mo. DATE: Dec. 18, 1931

19. UNDERTAKER (ADDRESS): Peter J. B. Lafontina 836 E. Gregory

20. FILED: Dec 21st, 1931 — J. R. Mann, Registrar.

MEDICAL CERTIFICATE OF DEATH

Body taken from Missouri River near Wellington

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Edgewood Lipsch. Co. Lafayette Mo. Coroner Condition	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-28, 1931

Where did injury occur? Mo. River Lafayette Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Dredgeboat

Manner of injury: Fell off boat

Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify: Fireman working on boat - fell off

(Signed) H. H. Morgan - Atty. American Life Ins. Co.

(Address) 210 Med. Arts Bldg. K.C. Mo.

SUPPLEMENTARY

183

Buried in Maple Hill Cem. K.C. K. Dec 21-1931

REGISTRARS SHAL RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ... PLETE AS PRESCRIBED BY LAW