

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

1702
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 390
 (c) City Kansas City, Mo. (d) Street No. 2226 E. 70th, Str. Terrace St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Knighton Welch, 420

(a) Residence, No. 2226 East 70th, Street, Terrace St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John T. Welch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 20th, 1899

7. AGE YEARS 38 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Missouri.

FATHER 13. NAME Bryant Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Samantha Miller,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) John T. Welch, 2226 E. 70th, St. T. Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan. 24th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mrs. C.L. Forster, K.C. Mo.

20. FILED Jan 24 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936 to Jan 21, 1938
 I last saw her alive on 1-21, 1938 Death is said to have occurred on the date stated above, at 1.55 P.M.
 The principal cause of death and related causes of importance were as follows:

Sarcoma of Cervix
4 1/8

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis Specimen as 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, 1938
 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 none
 (Signature) Chas. S. M. Davis M. D.
 (Address) 710 Prof. Ess and Bell
H. C. M.

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

RECEIVED

FEB 18 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

10-11-01
5.608 am

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)