

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

24472  
 Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH 2

(a) County Jackson Registration District No. 395

(b) Township Kaw Primary Registration District No. 100

(c) City or K. C. Mo. (d) Street No. 1122 Brush Creek Registered No. 2685 St.

(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 Mrs. Addie Welsh

(a) Residence, No. 1122 Brush Creek Blvd. St.  (If nonresident, give city or town and State)

**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 E. Welsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. At Home

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) Moberly, Mo. o

FATHER

13. NAME John F. Voth, 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany o

MOTHER

15. MAIDEN NAME Mary C. Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT John E. Welsh  
 (ADDRESS) 1122 Brush Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner  
 (ADDRESS) Kansas City, Mo.

20. FILED July 4, 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

2. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to July 1, 1939

I last saw her alive on June 28, 1938 Death is said to have occurred on the date stated above, at 12:20 AM

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

Carcinomatous Date of onset

46

Other contributory causes of importance: Carcinoma of rectum Jan '36

Name of operation Proctectomy Date of Sept 1936

What test confirmed diagnosis? X-ray, histology Was there an autopsy? Yes

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? Not

If so, specify \_\_\_\_\_

(Signed) Robert M. P. P. P. M. D.  
 (Address) 820 Professional Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. R. C. McClanahan,

Prof.

IGR 2892

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**