

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
737 Corbin Terrace 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
(Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 737 Corbin Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mrs. Mary M. Welty

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rev. Jacob B. Welty 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 4 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 0 Days 16 If less than one day
hr. min.

9. Birthplace Mount Pleasant Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name Peter Slater
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ruppert
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Francis D. Conner
(b) Address 737 Corbin Ter

17. (a) Burial (b) Date thereof Feb. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 11/44 Mt. Washington Cem.

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-21-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-25-40
1940 to 2-20 1940
that I last saw her alive on 2-20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death atherosclerosis of aorta with thrombotic occlusion
Due to botic occlusion 30 hrs.

Due to 940
Other conditions ---
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ---
Of operations ---
Of autopsy atherosclerosis of aorta with occlusion
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? ---

(Specify type of place) While at work? --- (Specify type of injury) ---
23. Signature Robert M. Parker (M. D. or other) ---
Address 736 Ogden Date signed 2/20/40

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

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., 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, above space should be left blank.