S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37652

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4230

FILED DEC 11 1940

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 9 Days (Specify whether In this community 50 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. 3828 Paseo (If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

8. (a) PRINT FULL NAME Mr. Philip A Welch
8. (b) If veteran name war No
3. (c) Social Security No. None SS 702-14-2800
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Laura H. Welch
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January (Month) 14 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	9	23	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Employee General
11. Industry or business Superintendent's Office
FATHER
12. Name John Studebaker Welch Mo. Pac. R.R.
13. Birthplace Goshum (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Harriette Rathburn
15. Birthplace Walkashaw (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant P. A. Welch Jr.
(b) Address 4004 Montgall
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Cremation
18. (a) Signature of funeral director D. K. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-7-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1940 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from Sept 11, 1940, to Nov 6, 1940 that I last saw him alive on Nov 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	5 wks
Due to arteriosclerotic cardiac disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95 B²

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. E. Castles (M. D. or other)
Address 1002 Argyle Bldg Date signed 11-7-40

(Licensed Embalmer's Statement on Reverse Side)

Unclaimed

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 Emile M Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.