

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **878**

18
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 807 E 13th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Gene Katherine A. Welsch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex fe

5. Color or race w

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased June 13, 1959
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>15</u>	hr. _____ min.

9. Birthplace Bushville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Eliza Watson

13. Birthplace Fleming Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Grace & Senora

15. Birthplace Fleming Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Morrison

(b) Address 1217 2nd St.

17. (a) Burial (b) Date thereof 3-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director H. J. Jagerman

(b) Address KE MO

19. (a) 3/2/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town KE
(If outside city or town limit, write "RURAL")

(d) Street No. 807 E 13th
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 41
hour _____ minute 3:45 M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Pulmonary Edema
Due to _____
Coronary Thrombosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Resulwiser (M. D. or other) _____
Address CD MO Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed

J. H. Dugan

Licensed Embalmer No. *2744*

P. O. Address *T.C. MD.*

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.