

FILED SEP 12 1949
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2927

1. PLACE OF DEATH:
 (a) County. Jackson
 (b) City or town. Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3740 Warwick Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether
 In this community. 20 Yrs.
years, months or days)

3. (a) PRINT FULL NAME. ADELE WELBORN
 3. (b) If veteran, name war. No
 3. (c) Social Security No. No

4. Sex. Female
 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife. Wayne Welborn
 6. (c) Age of husband or wife if alive. 70 years
 7. Birth date of deceased. September 19th, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	12	_____ hr. _____ min.

9. Birthplace. Starkville / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation. Operator of Boarding House

11. Industry or business. Boarding House
 12. Name. Martin Wakefield
 13. Birthplace. Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name. Alice Rives
 15. Birthplace. Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant. Wayne Welborn
 (b) Address. 3740 Warwick Blvd.

17. (a) Removal (b) Date thereof. 8-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Starkville Mississippi

18. (a) Signature of funeral director. Melody-McGilley
 (b) Address. K. C. Mo.

19. (a) 8/3/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. Missouri (b) County. Jackson
 (c) City or town. Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 3740 Warwick Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 1 year 1941 minute _____
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I _____ give on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

Acute coronary occlusion
 Due to _____
 Other conditions. 94a
(include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy Yes

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 _____ (b) Means of injury _____

23. Signature. Melody-McGilley (M. D. or other) _____
 Address. K. C. Mo. Date signed _____

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

2838

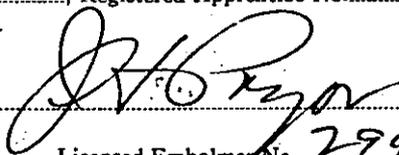
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....


..... Licensed Embalmer No. 2999

P. O. Address..... KC

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, fact should be so stated above.