

FILLED OCT 13 1941
299

State File No. _____
Registrar's No. 3362

Registration District No. _____

Primary Registration District No. 1007

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: Colonial Rest Home 57611 Wornall Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days
(Specify whether years, months or days) 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Missouri 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1020 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th
year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1 41 to Sept 7 41;
that last saw her alive on Sept 1 41;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis 1 yr

Due to: arterio-sclerosis 1 yr

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

Duration
1 yr
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MRS. VIOLA WELCH

3. (b) If veteran, name war No 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 Abner Welch 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: November 22 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William Gumfary

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

14. Maiden name Marie Foulk

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

16. (a) Informant John F. Goss

(b) Address 1020 Pennsylvania

17. (a) Burial (b) Date thereof: 9-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director F. W. Wagner
Kansas City, Missouri

(b) Address 9/8/41

19. (a) 9/8/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature W. M. Crow (M. D. or other) 5

Address 714 Myant 1240 Kem Date signed 9/8/41

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

MOTHER FATHER

Completed M.D.
Brought Bq. Jun 8 5:30
after 2:30

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 Alvin R. Haunschell

Licensed Embalmer No. 4159

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, fact should be so stated above.