

FILED DEC 28 1942  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. ....

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

1. PLACE OF DEATH: Jackson  
(a) County  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3211 Central /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
In this community 59 years  
years, months or days (Specify whether)

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. 3211 Central  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Benjamine L. Welch  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 11th  
year 1942 hour 4:00 minute P. M.

4. Sex Ma 5. Color or Race Wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife: Blanche C. Welch  
(c) Age of husband or wife if alive 62 years  
7. Birth date of deceased: January 21 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 7  
1942 to Dec 11 1942  
that I last saw him alive on Dec 7 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Arteriosclerosis Duration

8. AGE: Years Months Days If less than one day  
80 10 20 hr. min.

Due to Senility  
Due to Hypertension  
Other conditions: 97  
(Include pregnancy within 3 months of death)

9. Birthplace: Audrain County Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Live Stock Commissioner  
11. Industry or business: Welch Commission Co.

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

MOTHER FATHER  
12. Name: Mathew Welch  
13. Birthplace: Irving County Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Sarah Norton  
15. Birthplace: Irving County Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Blanche Welch  
(b) Address: 3211 Central  
17. (a) Burial (b) Date thereof: 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Mt Moriah

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?  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director: M. Wagner  
(b) Address: Kansas City, Mo.  
19. (a) 12-14-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature: [Signature] (M. D. or other)  
Address: 303 [Address] Date signed: 12-18-42

By *[Signature]*  
302 North Main St  
02240  
12:30 to 5

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... *A. P. Hauschild* .....

Licensed Embalmer No. *4159* .....

P. O. Address *T. 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.