. S. No. 2
OM—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1386

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 208

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: 344 Spruce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 60 Years (Specify whether years, months or days)
In this community:

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.: 344 Spruce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JACOB EUGENE WELKER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Florence Alma
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Oct. 6, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	6	hr. min.

9. Birthplace: (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired Express Messenger
11. Industry or business: Railway Express Co.
FATHER
12. Name: Jacob Welker
13. Birthplace: (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Rachel Osborne
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Florence A. Welker
(b) Address: 344 Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 14, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: 2825 Indep. Blvd., K. C. Mo.
19. (a) 1-14-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 12 year: 1943 hour: 4 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 11, 1943, to Jan. 12, 1943 that I last saw him alive on January 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Pulmonary edema (due to uremia)	(?)
Due to: carcinoma of prostate (producing urinary obstruction)	about 7 months
Other conditions: fracture of neck of right femur (2 weeks)	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy:

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): Acc 123
(b) Date of occurrence: Dec 30 1942
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? — (e) Means of injury: Fall
23. Signature: Dr. C. V. Edwards (M. D. or other) DO
Address: 2603 Indep. Blvd. K. C. Mo. Date signed: 1-13-1943

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 73639

P. O. Address St Louis 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.