

FILED DEC 3 1943
Registration District No. 249

Primary Registration District No. 1002

State File No.

Registrar's No. 4823

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs. 25 min
In this community 35 YEARS (Specify whether years, months or days)

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. 2439 1/2 INDEPENDENCE AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel H. Welch

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 DIVORCED
6. (b) Name of husband or wife MRS. ADELINE WELCH 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased FEBRUARY-20-1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 22 hr. min.

9. Birthplace WHEELING WEST VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 15 YEARS

11. Industry or business MENS TAILOR

MOTHER FATHER { 12. Name UNKNOWN WELCH
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORENCE BECHTEL

(b) Address 217 NORTH MERSINGTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-15-1943
(Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director Wm. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-15-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1943 hour 2 minute 55A M.

21. I hereby certify that I attended the deceased from November 11th, 1943 to November 12th, 1943;
that I last saw him alive on November 12th, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral vascular accident

Due to 83a'
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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).....
(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) (b) Means of injury
23. Signature Dr. R. Thom (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 11-12-43

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

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 *Emile M. Colborn*

Licensed Embalmer No. *3506*

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.