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FILED FEB 10 1944

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-14-44-1-18-44  
(Specify whether years, months or days)

In this community 35 years

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. 1518 E Harrison  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY WELCH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18  
year 1944 hour 4:10 minute A.M.

21. I hereby certify that I attended the deceased from January 14, 1944, to January 18, 1944, that I last saw her alive on January 18, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wallace

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased: January 29 1888  
(Month) (Day) (Year)

Immediate cause of death Congestive Failure

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

<u>57</u>	<u>11</u>	<u>20</u>	hr. _____ min.
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Due to Hypertensive heart disease

Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings:  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy 93d

12. Name William White

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

14. Maiden name Lou Letridge

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. M. Hudson

(b) Address 1513 Prospect

19. (a) Jan 20, 1944 (b) W. E. Brown  
(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) \_\_\_\_\_

(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? \_\_\_\_\_ (e) Means of injury Car

23. Signature W. E. Brown (M. D. or other) \_\_\_\_\_  
Address Law. King #2 600 E 22 Date signed 1/19/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**