No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5144

FILED FEB 17 1948 849
Registration District No.

Primary Registration District No. 1002

Registrar's No. 511

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: St Luke's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Norton 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian D. Welker
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 Married
6. (b) Name of husband or wife Russell Welker
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 4th, 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	9	29	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

MOTHER FATHER
12. Name Charles J. Price
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Ethel Martin
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Russell Welker
(b) Address 510 Norton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th.
19. (a) 2-4-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd. year 1948 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan 15 1948 to Feb 3 1948 that I last saw her alive on February 2 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Left Ventricular Failure
Due to Rheumatic Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations G.S.K.
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Richard L. Lehman (M. D. or other) M.D.
Address 1630 Professional Bldg. K.C. Mo. Date signed 2/4/48

Jefferson City Printing Co.

(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 John R. Carp

Licensed Embalmer No. 2955

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.