

FILED APR 24 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
1903 EAST 55TH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **21 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **1903 EAST 55TH STREET 8** 8
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. EVA WELCH**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **26TH**
year **1948** hour **1** minute **00 P.M.**
21. I hereby certify that I attended the deceased from **March 26**
1948 to **March 26** 1948
that I last saw **her** alive on **March 24** 1948
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MR. CHARLES L. WELCH** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **NOVEMBER 26 1873**
(Month) (Day) (Year)

Immediate cause of death
coronary occlusion
Due to **rupt heart failure**
Due to **hypertension**
arterio-sclerosis/diabetes
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **74** Months **4** Days **0** If less than one day hr. _____ min. _____
9. Birthplace **HILLSDALE KANSAS**
(City, town, or county) (State or foreign country)
10. Usual occupation **AT HOME**

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

MOTHER FATHER {
12. Name **JESSE STEVENSON**
13. Birthplace **UNKNOWN ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **PRISCILLA HENDERSON**
15. Birthplace **UNKNOWN ILLINOIS**
(City, town, or county) (State or foreign country)
16. (a) Informant **M. A. Welch**
(b) Address **5647 Euclid**
17. (a) **BURIAL** (b) Date thereof **MAR. 30 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **JOPLIN, MISSOURI**
18. (a) Signature of funeral director **D. H. Newcomer's Son**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (a) **3-29-48** (b) **Stearline Holmes**
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury **g**
23. Signature **W. H. ...** (M. D. or other) **ind**
Address **618 ...** Date signed **3-27-48**

618 Professional Bldg.
11-8

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address H. C. 4 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.