

No. 300
-10-47
-17-39
T 3006

FILED DEC 4 1948

State File No. _____
Registrar's No. 4699

Registration District No. 747

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:
K. C. Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days) 60 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME MRS. VIRGINIA WELCH

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 Widow

6. (b) Name of husband or wife Richard Welch

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

7. Birth date of deceased Feb 1 1870
(Month) (Day) (Year)

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

78 9 14 hr. min.

9. Birthplace East Liverpool Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew MacBeth

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

14. Maiden name Susan Andrews
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E. Edward J. Hanway

(b) Address 3701 Baltimore

17. (a) Burial (b) Date thereof 11/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Dwight G. Stein

(b) Address 20 West Linwood

19. (a) 11-17-48 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 5

(d) Street No. 3701 Baltimore
(If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day Nov
year 1948 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from July 15, 1948
to Nov 13, 1948

that I last saw her alive on Nov 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, cerebral, severe Duration _____

Due to _____

Due to _____

Other conditions arteriosclerosis + acute psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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? _____

F. E. Pearson (Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature F. E. Pearson M.D. (M. D. or other) _____

Address 1025 South Blvd. K.C. Mo. Date signed 11/16/48

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address. Kansas City 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.