

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13330
1628
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 36 YRS		d. STREET ADDRESS (If rural, give location) 1105 COLLEGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1105 COLLEGE			
3. NAME OF DECEASED a. (First) ELLA (Type or Print)		b. (Middle) MAY	c. (Last) WELSH
4. DATE OF DEATH APRIL 4, 1950		5. SEX F	6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH April 22, 1882	9. AGE (in years last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ALONZA RUDD		13b. MOTHER'S MAIDEN NAME CHARLOTTE EMPIE	14. NAME OF HUSBAND OR WIFE McKEE WELSH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-07-9226	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. MC KEE WELSH 1105 COLLEGE
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA Rt. Bronchus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) 2ndary ADENOCARCINOMA Pleura DUE TO (c) Emaciation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tissue Growth Right Chest	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Inoperable - at attempt.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 28, 1949 , to City of Ash Grove , that I last saw the deceased alive on 3-3 , 19 50 , and that death occurred at 11 P m. , from the causes and on the date stated above.			
23a. SIGNATURE W. A. Myers <i>W. A. Myers M.D.</i>		23b. ADDRESS 1115 Grand Ave. Kansas City, Mo.	23c. DATE SIGNED 4-5-50
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/7/50	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 4-6-50		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K. C., MO.

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

3008
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11008
V. 308
Embalm

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Max E. Meyer

Licensed Embalmer No. *4555*

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.