

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23276**

No. 300
10.48

FILED AUG 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2071</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>30 years</u> (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3498 210	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1013 A East 32nd Terr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAUDIE</u>			b. (Middle) <u>J.</u>		c. (Last) <u>WELCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 5, 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drapery Seamstress-Davidson</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry T. Koch</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Martin</u>		14. NAME OF HUSBAND OR WIFE <u>George C. Welch, dec.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>496-01-6357^{NO.}</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen M. Snelling, 5031 Brooklyn, KC Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatosis -</u>					<u>16 mo - 9 days</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of submaxillary gland</u>					
		DUE TO (c)					
19a. DATE OF OPERATION <u>7.6.50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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"/>		21H. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 22, 1947</u> to <u>death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 1, 1951</u> , and that death occurred at <u>11:57 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>OSGOOD, M. D. 915 Professional Bldg.</u>		23c. DATE SIGNED <u>7-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-19-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. G. M. DeGood

Prof. Bldg.

Rt. 6030

1:30

(We are to come

at 9:30 Tuesday

for instructions

915

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Eugene Harmon

Licensed Embalmer No.

4633

P. O. Address

Leicester City

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.