

REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10204

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5129 Registered No. 18
 (c) City Industrial City (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant Daughter Welden

(a) Residence, No. Industrial City, Missouri St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>none</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1939</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
IF LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 19 39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30^a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn -One complication -

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Industrial City
(STATE OR COUNTRY) Missouri13. NAME Kenneth Welden14. BIRTHPLACE (CITY OR TOWN) Coffee,
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Maxine Delorse Shultz16. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri17. INFORMANT Kenneth Welden
(ADDRESS) Industrial City, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE March 7 193919. FUNERAL DIRECTOR Walter Meinhoffer
(ADDRESS) 1302 Faraon St., St. Joseph20. FILED 3/7 1939 Myrtle M. Harrison
Local Registrar. 861Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify One complication
(Signed) _____, M. D.(Address) Kirkpatrick Bldg.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

District Office No. 111

District File Number 39-184

Date Filed APR 1 1930

STATEMENT BY LICENSED EMBALMER

I, William H. Kelly, Licensed Embalmer No. 3946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed W. H. Kelly
Licensed Embalmer No. 3946

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.)