

SEP 6 3 1939

Registration District No. _____

Primary Registration District No. 1007

Registrar's No. 3251

1. PLACE OF DEATH:

(a) County Jackson ²
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2406 Benton Blvd., Kansas City, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Bert Shires Welch, 420

8. (b) If veteran, name war 70 3. (c) Social Security No record

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Welch 6. (c) Age of husband or wife if alive 85 1/4 years

7. Birth date of deceased Sept. 28th,
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	14	hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Brickmason

11. Industry or business _____

12. Name Filander Welch

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

14. Maiden name Jennie Shires

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

16. (a) Informant's own signature Mrs. Anna Welch
 (b) Address 2406 Benton Blvd., K.C. Mo.

17. (a) Burial (b) Date thereof August 14 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) 9/14/39 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 2406 Benton Blvd., K. C. Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th,
 year 1939 hour 12:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1
 _____, 1939, to Aug 12, 1939
 that I last saw him alive on Aug 12, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration _____

Due to 131

Due to _____

Other conditions Chronic interstitial nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature H. Bence (M. D. or other) De
 Address 2722 Prospect Date signed 8/13/39

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.

Dr. Pence.
Phone _____

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 *Rezil Browning*

Licensed Embalmer No. 2724

P. O. Address 918 Brook

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, above space should be left blank.