

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41497

State File No. 4890

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
622 Benton Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Mr. Garrett WELCH.3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Margaret Welch 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased January 29th, 1855.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 10 22 _____ hr. _____ min.9. Birthplace Platt County Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Grocer

11. Industry or business _____

MOTHER FATHER { 12. Name James Welch13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Emmella Culp.15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Margaret McGraw(b) Address 1019 Benton Blvd.17. (a) Burial (b) Date thereof 12/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Leavensworth Kansas.18. (a) Signature of funeral director Melody-McGilley(b) Address K. C. Mo.19. (a) 12-23-40 (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 Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1019 Benton Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st
year 1940 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from Dec 18, 1940
to Dec 21, 1940
that I last saw him alive on Dec 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis.
Terminal Hypostatic Pneumonia 3 da.
Due to Arterio-sclerosis yrs.Due to 9/2cOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(e) Means of injury _____23. Signature F. B. Wallace (M. D. or other) _____
Address 763 Lathrop Bldg. Date signed 12/22/40

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

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. 267,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2989

P. O. Address..... AC

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.