

No. 2
-13-40
-17-39
X23159

Registration District No. FILED MAR 21 1941

Primary Registration District No. 1002

Registrar's No. 603

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3732 Jefferson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Here 2 days
(Specify whether)

In this community all of life
years, months or days

3. (a) PRINT FULL NAME Dr. Albert S Welch

3. (b) If veteran, name war World War 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Mrs. Margaret Welch 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased October 1 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business _____

12. Name Dr. A. J. Welch

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

14. Maiden name Anna Summerville

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Welch

(b) Address 1209 West 61 St Terrace

17. (a) Burial (b) Date thereof Feb 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. Wagner
(b) Address K. Mo.

19. (a) 2/10/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 West 61 St Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1940 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-7-41
1941 to 2-7-41 1941
that I last saw him alive on 2-7-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 24hr.

Due to Coma from Acute Encephalitis 72 hrs

Due to Influenza 7 Days

Other conditions 3 1/2 W
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Broncho pneumonia
Acute Encephalitis

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?
(Specify type of place)

While at work? _____ (Specify type of injury)

23. Signature Gordon P. Barnett (M. D. or other) M.D.
Address 752 Plaza Park Date signed 2-7-41

Physician
Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

Signed

A. R. Haunschild

Licensed Embalmer No. *4159*

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.