

No. 2
-1-4-41
5-17-39
X25390

STANDARD CERTIFICATE OF DEATH

State File No. 2422

FILLED JUL 1 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

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: Convalescent Home
3918 Charlotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months 2 Day
(Specify whether years, months or days)

In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 228 East 34th Street Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Lavinia Welsh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Dr. Luther W. Welsh

6. (b) Age of husband or wife if alive --- years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 76 Months -- Days --

If less than one day --- hr. --- min.

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

10. Usual occupation At Home

11. Industry or business ---

12. Name Charles Clayton

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

14. Maiden name Ann Hays

15. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Welsh

(b) Address 228 E. 34th Ter

17. (a) Burial (b) Date thereof June 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Mt. Moriah Cemetery

18. (a) Signature of funeral director O. N. Newcomer, Inc.

(b) Address 1401 Brush Creek Blvd.

19. (a) 6/25/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1941 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 10 - 41
to June 24 - 41

that I last saw her alive on June 24 - 41
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive pneumonia
serenity

Due to Dematiaceae Perpet. formis

Due to Chidnias and Toxins
serpiginis

Other conditions n.m.o
(Include pregnancy within 3 months of death)

Major findings:
Of operations ---

Of autopsy ---

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) (e) Means of injury ---

23. Signature Mary J. Lauer (M. D. or other) ---

Address 4116 Walnut St City Date signed 6/25/41

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

4116 Walnut Street

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address B. C. 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.