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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30537

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3294

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

048
3
8

1. PLACE OF DEATH:

(a) County Jackson

(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: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- 0 (Specify whether

In this community ---------- 30 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 2

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

(d) Street No. 1023 West 70th Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant Welsh

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased August (Month) 31st (Day) 1941 (Year)

8. AGE: Years oOo Months oOo Days oOo If less than one day ..... hr. 30 min.

9. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation ----------

11. Industry or business ----------

FATHER
12. Name Bernard V. Welsh
13. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolyn Scott
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Welsh
(b) Address 1023 West 70th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Mellody McGilley
(b) Address Kansas City Missouri

19. (a) 9/2/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8 am 8/31, 194, to 8 30 9/31/1941;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 16	
Due to Cerebral haemorrhage Enlarged Thymus	?
Due to Prolonged labor	
Other conditions Collapsed lungs (Include pregnancy within 3 months of death)	
Major findings: Of operations 16 0	
Of autopsy Information from autopsy findings	

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

23. Signature J B Wallace (M. D. or other) PMD
Address Lathrop Bldg Date signed 9/2-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3-67

working under my personal supervision.

Signed.....

Licensed Embalmer No. 999

P. O. Address..... KC

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.