

BUREAU OF THE CENSUS
FILED OCT 13 1941

State File No. 30648

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3405

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:
6714 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months 22 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. David Clyde Welch

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Eva Welch 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 15, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 21 Days 24
If less than one day hr. min.

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

10. Usual occupation Foreman of Roundhouse

11. Industry or business Rock Island R.R.

MOTHER FATHER
12. Name Andrew Welch
13. Birthplace Euricksville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Miller
15. Birthplace Perryton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant 6714 - Paris
(b) Address Mrs. D. B. Welch
17. (a) Removal (b) Date thereof Sept 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Ohio
18. (a) Signature of funeral director D. H. Welton
(b) Address 1401 Brush Creek Blvd.
19. (a) 9/11/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 6714 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1941 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 28 1941 to Sept 9 1941
that I last saw him alive on Sept 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Duration 4 hrs
Due to Coronary thrombosis

Due to arteriosclerosis
hypertension
Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations 450
Of autopsy
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) (e) Means of injury
23. Signature Dr. A. J. ...
Address 820 Professional Bldg. Date signed 9/11/41

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

12-5
Dr. E. M. Calhoun
Prof. R.

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 E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.