

U. S. No. 2
OM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9948**
Registrar's No. **1100**

FILED APR 1 1942

Registration District No. **1002** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **3304 Benton Blvd.**
(d) Length of stay: **47 Yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3304 Benton Blvd.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Ara J. Welsh**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **15th**
year **1942** hour **7** minute **P.** M.
21. I hereby certify that I attended the deceased from **April 10th** 1942 to **Mar 15** 1942
that I last saw her alive on **Mar. 15** 1942
and that death occurred on the date and hour stated above.

4. Sex **Fe.** 5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Clinton A. Welsh**
6. (c) Age of husband or wife if alive **years**

Immediate cause of death **Carcinoma of colon ascending**
Due to **Senility**
Other conditions **Senility**
Duration **46 1/2**

8. AGE: Years **86** Months **6** Days **20**
If less than one day **hr. min.**

9. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER
12. Name **Norman Butler**
13. Birthplace **Lexington Co., Ky.**
14. Maiden name **Apphia Seaton**
15. Birthplace **Louisville, Ky.**

PHYSICIAN
Major findings: **Of operations**
Of autopsy **yes.**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Florannah Welsh**
(b) Address **3304 Benton Blvd.**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) Means of injury

17. (a) Removal **LaClede Mo.** (b) Date thereof **Mar. 17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **3-17-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature **Mary J. Lewis** (M. D. or other)
Address **4116 Walnut** Date signed **3/14/42**

361

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.....

Chas Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Linwood

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.