

60283

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 14 1944

3141

Registration District No. 1497

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Jackson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
516 E. 70th Terrace  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 55 years  
 years, months or days)

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. 516 East 70th Terrace  
 (If rural, give location)  
 (e) Citizen of foreign country? — No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. CLARA WELBORN

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

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced Married  
 6. (b) Name of husband or wife Frank J. Welborn 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased December 13 1885  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Welborn

(b) Address 516 East 70th Terrace

17. (a) Burial (b) Date thereof JULY 31-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. E. Brown

(b) Address 1401 Brush Creek Blvd

19. (a) 7-31-44 (b) D. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28<sup>TH</sup>  
 year 1944 hour 1 3 minute P. M.

21. I hereby certify that I attended the deceased from July 27 1944 to July 28 1944,  
 that I last saw her alive on July 27 1944,  
 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema Duration 48 hr.  
 Due to Mitral insufficiency 2 yrs.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 926  
 Of autopsy \_\_\_\_\_  
 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 0

23. Signature D. J. Davis (M. D. or other)  
 Address 907 Waldheim Bld Date signed 7-29-44

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

MOTHER FATHER

902 Madison Avenue Bldg - Chicago  
12-3  
Board of Health

**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 *Oscar Howley*

Licensed Embalmer No. *1767*

P. O. Address *St. 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.