

Registration District No. 149

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  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 days  
(Specify whether years, months or days)

In this community 30 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. 1109 Armour  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Ford L. Welch  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28  
 year 1945 hour 9 minute P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Sarah E. Welch  
 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased: September 8 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 8, 1945 to February 28, 1945  
 that I last saw him alive on February 28, 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Bronchopneumonia Duration

8. AGE: Years Months Days If less than one day  
66 5 20 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Oil Business

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

11. Industry or business X  
 12. Name Benjamin F. Welch  
 13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name MARCELA Love  
 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah E. Welch  
 (b) Address Cavalier Apts. 1109 Armour, KC., Mo.  
 17. (a) Cremation (b) Date thereof 3-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) Mar 2 1945 (b) F. C. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature Clark W. [unclear]  
 Address Med. Dir. Gen'l Hosp. [unclear]  
(City or town) (County) (State) signed

**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 *[Signature]*  
Licensed Embalmer No. *1415*  
P. O. Address *F. C. W. S.*

**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.**