

Registration District No. **42** Primary Registration District No. **5134**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural #1, Washington Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles East of St. Joseph
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 81 years 11 months 26 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Rudolph Welty
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 Widowed
6. (b) Name of husband or wife Katherine Welty
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Rudolph Welty
13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Frogge
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Welty
(b) Address R.R.#1, St. Joseph, Missouri.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3/12/1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Mar. 30, 1946 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural #1
(If outside city or town limits, write "RURAL")
 (d) Street No. Highway #36, 3 miles of St. Joseph
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 9th.
 year 1946 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from 9 mar
one visit 19____ to 1946
 that I last saw him alive on Mar 9th
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bronchitis

Due to General debility

anemia
Due to Chronic nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

Duration _____
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? _____

23. Signature [Signature] (M. D. or other)
Address 225 Charles **Date signed** 3.11.46

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

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... *Albert R. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address St. Joseph, Missouri.

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.