

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20581**
Registrar's No. **2967**

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:
400 Midland Bldg. - 13th & Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **43 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Oakwood Addition, M.K.C.U**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 4** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Percy E. Welsh**
(b) If veteran, name war **World War I** (c) Social Security No. **486-03-1815**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **29**
year **1946** hour **8:30** minute **a** M.
21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary E. Welsh** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Aug. 29 1896**
(Month) (Day) (Year)

Immediate cause of death
Gun shot wound Head
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **164c**

8. AGE: Years Months Days If less than one day
49 10 4 hr. _____ min.

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

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

10. Usual occupation **Sec'y & Treas.**

11. Industry or business **Freight Rates Service Co.**

MOTHER FATHER {
12. Name **Allen L. Welsh**
13. Birthplace **Martinsville Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Huckaba**
15. Birthplace **Unknown Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary E. Welsh**
(b) Address **Oakwood Add. N. Kansas City**

17. (a) **Burial** (b) Date thereof **July 2, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park K.C.K.**

18. (a) Signature of funeral director **Quincy & Taber Co.**
(b) Address **20 W. Linwood**

19. (a) **1-1-46** (b) **Stearldine Holmes**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **6-29-46**
(c) Where did injury occur? **100 Jackson Ave**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? **yes** (Specify type of place) (e) Means of injury **2.2 Bullets**
23. Signature **Samuel Miller** (M. D. or other) **29**
Address **1424 1/2 W. 14th** Date signed **6-29-46**

NOV 17 1961

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.