

S. No. 2
M-543
7-5-17-39
I: X36671

FILED SEP 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 278

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes
(Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 129 East College street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HAROLD W. WELCH

3. (b) If veteran, name war World War I

3. (c) Social Security No. 500-12-3341

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Welch

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 30, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>10</u>	<u>3</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Electrician

11. Industry or business City of Independence

12. Name William H. Welch

13. Birthplace Unknown

14. Maiden name Cora L. Hedman

15. Birthplace Unknown

16. (a) Informant Mrs. Harold Welch

(b) Address 129 E. College, Independence, Mo.

17. (a) Burial (b) Date thereof August 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 9/4/46 (b) James D. Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Coronary 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Arterio sclerosis

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy yes as above

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 3

23. Signature James D. Craig (M. D. or other) _____

Address 1424 1/2 W. 11th Date signed 9-3-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 27 1946

OCT 25 1945
OCT 25 1946

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..... *Dean Owens*

Licensed Embalmer No..... *4280*

P. O. Address..... *Indep. 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.