

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: 1311 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Martha E. WELCH
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Welch 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 12, 1868
(Month) (Day) (Year)

8. AGE: 78 Years | Months 2 | Days 21 | If less than one day
hr. min.

9. Birthplace Clarinda, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name George W. McCraw

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

14. Maiden name Abigail Collins

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

16. (a) Informant Mr. John Welch

(b) Address 1311 Harrison, K. C., Mo.

17. (a) Burial (b) Date thereof 3-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley-Ey ar

(b) Address Kansas City, Missouri

19. (a) 3-4-47 (b) Steraldine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1311 Harrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3
year 1947 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb-23-47
to Mar 3 1947
that I last saw her alive on Mar - 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchus Pneumonia 2 day
Due to Ch. Nephritis 2 day

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 131K

Of operations _____
Of autopsy _____
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 R. B. Parrot (M. D. or other) 0
Address 2200 E-15 Date signed 3/4/47

E. R. A. Parrott
2200 E. 15th
Ch. 4230

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 *Russell H. Franc*
Licensed Embalmer No. *4255*
P. O. Address *H. C. 2nd*

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.