

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KEOKUK
(c) Name of hospital or institution: HOME 1101 E. 16th.
(d) Length of stay: In hospital or institution 38 yrs
In this community 38 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JACKSON
(c) City or town KEOKUK
(d) Street No. 1101 E. 16th
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALLACE WELCH
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 3
year 1947 hour 6 minute 30-A.M.
21. I hereby certify that I attended the deceased from 19... to 19...
that I have seen alive on... and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color NEGRO
6. (a) Single, widowed, married, divorced, or widowed UNMARRIED
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased MAR 1 1854 (Month) (Day) (Year)

Immediate cause of death
Cardiac Failure
Due to Hypertensive Heart Disease
Due to Sensitivity
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no - Permitt

8. AGE: Years 93 Months 8 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) KY
10. Usual occupation UNEMPLOYED

11. Industry or business
12. Name GREEN WELCH
13. Birthplace KY
14. Maiden name MARY MOORE
15. Birthplace KY

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

16. (a) Informant Geneva Williams
(b) Address 1101 E. 16th
17. (a) BURIAL (b) Date thereof 3-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation HICKLAND

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 Flynn + Greenstreet
(b) Address 1819 E. 15th KEOKUK
19. (a) 3-7-47 (Date received local registrar)
(b) Geraldine Holmes (Registrar's signature)

23. Signature Williams (M. D. or other) Deputy Coroner
Address 2636 Brooklyn Date signed

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

3-4-47

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

Lawrence A. Jones

Licensed Embalmer No. *4429*

P. O. Address *2500 Park (K.C. 47) 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.