

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5265
State File No.

48

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PRAIRIE TWP 5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 48 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON HOME Aged White		d. STREET ADDRESS (If rural, give location) Unknown 1 8	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES		b. (Middle) WELCH	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) JAN 23 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Y	8. DATE OF BIRTH 1875
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 Wks. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME JACKSON HOME Aged White		ADDRESS RR-164	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		1/20	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/15 , 19 49 to 1/23 , 19 49 that I last saw the deceased alive on Jan 2 , 19 49 , and that death occurred at 8:25 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J.W. Greene M.D.		23b. ADDRESS Independence	
23c. DATE SIGNED 1/23/49		23d. SIGNATURE J.W. Greene	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-28-49	24c. NAME OF CEMETERY OR CREMATORY H.C. University (Central)	24d. LOCATION (City, town, or county) (State) Kansas City Mo
DATE REC'D BY LOCAL REG. 1-28-49	REGISTRAR'S SIGNATURE Donald C. Eamshaw	25. FUNERAL DIRECTOR'S SIGNATURE W.D. Ranges	ADDRESS for Lee's Monument

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W B Langford

Signed _____
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.