

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16211**
2249
 Registrar's No.

FILED JUN 10 1949

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2249	
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 Kansas City		c. LENGTH OF STAY (in this place) 42 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		40 82 1/3 18	
d. FULL NAME OF HOSPITAL OR INSTITUTION A.C. General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 5829 Kenwood			
3. NAME OF DECEASED (Type or Print) a. (First) Bessie			b. (Middle) May			c. (Last) Welborn	
4. DATE OF DEATH (Month) (Day) (Year) May 20th '49		5. SEX Fe		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Oct 25, 1878		9. AGE (in years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (State or foreign country) Salem, N. Car.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Muller		13b. MOTHER'S MAIDEN NAME Imba Muller		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Wesley Welborn ADDRESS 3158 Kensington			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative sub total gastric resection for Carcinoma of stomach ANTECEDENT CAUSES for Carcinoma of stomach 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. 1517				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min)		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 4-6-1949 , to 5-20-1949 , that I last saw the deceased alive on 5-20-1949 , and that death occurred at 11:50 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Hart (Degree or title) MD				23b. ADDRESS Med. Dir. A.C. Gen. Hospital		23c. DATE SIGNED 5-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 49		24c. NAME OF CEMETERY OR CREMATORY Mt Moriah		24d. LOCATION (City, town, or county) (State) N. C. Mo	
DATE REC'D BY LOCAL REG. 5-23-49		REGISTRAR'S SIGNATURE Sheldine Holmes		FEDERAL DIRECTOR'S SIGNATURE P. A. Blackman		ADDRESS San Diego, Cal Mo	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. D. Blackman

Signed.....
Student Embalmer

Licensed Embalmer No. *8639*

P. O. Address *K C 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.