

No. 300
10.48

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37086**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5010

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1441		e. STREET ADDRESS (If rural, give location) 1835 N. 13th St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Terminal tracks & Broadway			

3. NAME OF DECEASED (Type or Print)	a. (First) Kittie	b. (Middle) May	c. (Last) Welsh	4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work or business, most of the time, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Hudson	13b. MOTHER'S MAIDEN NAME Nancy J. Clark	14. NAME OF HUSBAND OR WIFE Ira Welsh
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Beydler Greensburg, Ks.	ADDRESS Greensburg, Ks.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8164 26
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured ribs. Ruptured spleen & liver. Massive hemorrhage. Chest & abdomen		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, store, school, office, building, etc.) Terminal tracks	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-55 10:30pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto went off viaduct near collision at Broadway onto terminal tracks
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3	23b. ADDRESS 1034 Picnic Blv	23c. DATE SIGNED 11-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Berlin Burline	24d. LOCATION (City, town, or county) (State) Berlin Missouri
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DATE REC'D BY LOCAL REG. 11-18-55 Neva Marshall	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Echternacht ADDRESS FUNERAL HOME 2400 QUINDARO BLVD KANSAS CITY 2, KANSAS
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(Licensed Embalmer's Statement on Reverse Side)

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

State of Kansas
 Kansas City
 James E. Hackleman
 Licensed Embalmer
 No. 457
 P. O. Address K. C. Mo.

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.

Student _____ Signed *James E. Hackleman*
Signature of Student Embalmer
 Licensed Embalmer No. 457
 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.