

FILED DEC 21 1956

STANDARD CERTIFICATE OF DEATH

41797
State File No. 5256

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 242 South Mill Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Harold c. (Last) Welter			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28-1901		9. AGE (in years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	
10b. KIND OF BUSINESS OR INDUSTRY U. P. Railroad		11. BIRTHPLACE (City and State or Foreign Country) Williamstown, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Peter H. Welter		13b. MOTHER'S MAIDEN NAME Anna Conley		14. NAME OF HUSBAND OR WIFE Helen N. Welter	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 712-03-2041		17. INFORMANT'S SIGNATURE OR NAME Helen N. Welter ADDRESS 242 So. Mill St., K.C.K.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Ruptured aortic aneurysm				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES				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.				0 2 1/2	

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 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 12-7, 1956, to 12-3, 1956, that I last saw the deceased alive on Dec. 3, 1956, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Owens (Degree or title) MD		23b. ADDRESS Kansas City, Missouri		23c. DATE SIGNED 12/4/1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/5/1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 12-4-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons ADDRESS Kansas City, Kansas	
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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 _____

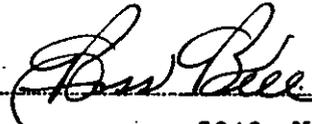
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. 3246 Missouri

P. O. Address Kansas City, Kansas

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.