S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11482

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 32

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

73
3
2

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 GRANT ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 81 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO 073
(If outside city or town limits, write "RURAL")
(d) Street No. 416 GRANT ST 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME MINERVA C WELCHER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John C Welcher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1861 (Year)

8. AGE: Years 80 Months 11 Days 8 If less than one day hr. min.

9. Birthplace NEOSHO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name William AKERS
13. Birthplace (City, town, or county) Dont Know (State or foreign country)
MOTHER
14. Maiden name Mary Ann Beck
15. Birthplace (City, town, or county) Dont Know (State or foreign country)
16. (a) Informant Anna Rowe
(b) Address NEOSHO MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mch 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address NEOSHO MISSOURI
19. (a) 3-14-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 8
year 1942 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from Off & on for 30 years to , 19 ;
that I last saw her alive on 2 or 3 minutes ago , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cause unknown
Probably heart attack
Bad ridder most of time
Due to for year
Senility
Due to
Other conditions Kidney & bladder
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: several years

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

162 P

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R C Lawson (M. D. or other)
Address NEOSHO MO Date signed 3/8/42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-551
Date Filed APR 16 1942

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 Ogle Slone Jr

Licensed Embalmer No. 4176

P. O. Address Neosho Missouri

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.