

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39

36746

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 100 D

Registrar's No. 771

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 304 E. Nebraska  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Lissouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 304 E. Nebraska  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Infant Wellsley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 3 1/2 years

7. Birth date of deceased November 3, 1942  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	hr. min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER

12. Name Charles Wellsley

13. Birthplace Halls, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name St. Joseph, Missouri

15. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wellsley (father)

(b) Address 304 E. Nebraska

17. (a) Burial (b) Date thereof 11/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Auburn Cemetery

18. (a) Signature of funeral director J. C. Ruff

(b) Address 604 1/2 W. Ave., Cit.

19. (a) 11-4-42 (b) Rea Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 1942 hour 12 1/2 AM minute 0 M.

21. I hereby certify that I attended the deceased from 11-2, 1942 to 11-3, 1942  
that I last saw her alive on 11-2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra spinal hemorrhage from birth

Due to trauma from pelvic version delivery of baby

Due to 160c

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. C. Ruff (M. D. or other) 0  
Address 5008 Kelly Hill Date signed 11-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

*body was not embalmed*  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... *John E. Ruck*.....  
Licensed Embalmer No..... *3986*.....

P. O. Address..... *6034 Dupont St. Joseph, 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.**