

U. S. No. 2
OM-9-4-41
Rev. 5-17-39
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37019

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 166

35
2

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

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot⁷⁸

(c) City or town Steely (Rural)⁰
(If outside city or town limits, write "RURAL.")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rossie Lucille Welch

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1942 hour 1 minute 5 P.M.

21. I hereby certify that I attended the deceased from 11-2
1942 to 11-17, 1942
that I last saw her alive on 11-17, 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floyd Welch 6. (c) Age of husband or wife if alive 32 years 79 1/4

7. Birth date of deceased: 3 (Month) 9 (Day) 1914 (Year)

Immediate cause of death Thrombosis
Cardiac Failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Intense g. distension

Of autopsy

8. AGE: Years 28 Months 8 Days 8 If less than one day

9. Birthplace Russwicks Ala
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name H. M. Bolton

13. Birthplace Russwicks Ala
(City, town, or county) (State or foreign country)

14. Maiden name Anna Williams

15. Birthplace Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Welch

(b) Address Steely Mo R-2

17. (a) Burial (b) Date thereof 11-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage Mo

18. (a) Signature of funeral director Bernson

(b) Address Steely Mo

19. (a) Nov 17-42 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

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

While at work?

(Specify type of place) (e) Means of injury

23. Signature W. J. ... (M. D. or other)

Address Kennel Mo Date signed 11-17-42

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RECEIVED

District Health Office No. 2,

District File Number 1242-1503

Date Filed 12-5-42

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.....

John Wilson Berman, Registered Apprentice No. 344,
working under my personal supervision.

Signed J. W. Berman

Licensed Embalmer No. 3789

P. O. Address Steele St

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.