

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **6009**  
Registrar's No. **10**

Registration District No. **146**

Primary Registration District No. **3026**

**1. PLACE OF DEATH:**

(a) County **Jackson**

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

(c) Name of hospital or institution: **Independence Sanitarium**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 weeks**  
(Specify whether years, months or days)

In this community **30 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Independence** **4**  
(If outside city or town limits, write "RURAL") **4**

(d) Street No. **708 N. Liberty**  
(If rural, give location) **0**

(e) Citizen of foreign country? **-** (Yes or No) **0**

If yes, name country **-**

**3. (a) PRINT FULL NAME** **Miriam L Welch**

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 **married**

6. (b) Name of husband or wife **Roger A Welch**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **March 11 1894**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>57</b>	<b>10</b>	<b>3</b>	hr. min.

9. Birthplace **Buckner Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Luther Simmons**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mollie M Farland**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **T. R. Welch**

(b) Address **708 N. Liberty Indep. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 16 46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Buckner Cemetery**

18. (a) Signature of funeral director **Ott + Mitchell**

(b) Address **310 N. Main Indep. Mo.**

19. (a) **1-16-46** (Date received local registrar) (b) **James W. [Signature]** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **14**  
year **1946** hour **3** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Dec 8 1945** to **Jan 14 1946**

that I last saw her alive on **Jan 13 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **General Cavass**

**of all abd organs**

Due to **Primary carcinoma**  
**of right ovary**

Due to **-**

Other conditions **-**  
(Include pregnancy within 3 months of death)

Major findings: **490**

Of operations **-**

Of autopsy **Same as above**

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) (e) Means of injury

23. Signature **J. B. Hecker** (M. D. or other) **0**

Address **Independence Mo.** Date signed **Jan 14 46**

Duration **2 mo**

**1 yr**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

18  
4  
4

18  
18

130

MAR 15 1955

FEB 23 1955

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.