

FILED DEC 31 1946
Registration District No. 116

Primary Registration District No. 3020

1. PLACE OF DEATH:
Franklin.

(a) County Franklin.

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

(c) Name of hospital or institution:
St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether
In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 428 Elm St. 2
(If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Freda Welcher.

3. (b) If veteran, name war X

3. (c) Social Security No. X

20. DATE OF DEATH: Month December day 23rd.
year 1946 hour 8:00 minute _____ P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband Pearl Edgar Welcher 6. (c) Age of husband 49 years

7. Birth date of deceased June 19th, 1900.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
6-23 1946, to 12-23 1946
that I last saw h. alive on 12-23 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>6</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Acute myocarditis 3 days
Due to Diabetes mellitus with coma 5 days

9. Birthplace Athens, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

Other conditions Chc. nephritis
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name George M. Taylor.

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

14. Maiden name Janette Smock.

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

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Pearl Edgar Welcher

(b) Address 428 Elm St. Washington, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Wilburg & Pitt, Inc.

(b) Address Washington, Mo.

19. (a) 12/24/46 (b) _____
(Date received by local registrar) (Registrar's signature)

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? _____

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

23. Signature Hebert H. Schirah M. D. or other _____
Address 2nd & Elm Washington Mo. Date signed 12-23-46

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

6
6
2

Date Filed 12-30-46

District File Number

District Health Officer No. 8,

RECEIVED

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 Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Md.

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.