

No. 2
1-5-43
5-17-39
I X36671

State File No. _____

FILED MAY 19 1947

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution:
103 East 23rd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY

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

(d) Street No. 103 East 23rd St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JEANETTE Welch

3. (b) If veteran, name war _____

3. (c) Social Security No. NON

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1947 hour 6:32 minute A M.

21. I hereby certify that I attended the deceased from Jan 1st to March 24th 1947

that I last saw her alive on March 24th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 years

Due to Do not know

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Henry Welch

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

7. Birth date of deceased Dec 23 1881
(Month) (Day) (Year)

Physician _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co - MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

12. Name V. S. Wheeler

13. Birthplace Wisham - New York
(City, town, or county) (State or foreign country)

14. Maiden name E. Elizabeth Sanders

15. Birthplace Wisham - Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fay Bryant

(b) Address Denton MO.

17. (a) Burial (b) Date thereof 3-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spert, MO - 2007 (Rural)

18. (a) Signature of funeral director James A. Dean

(b) Address Denton MO.

19. (a) 3/26/47 (b) James A. Dean
(Date received 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)

(2) Means of injury _____

23. Signature James F. Dyer (M. D. or other) _____

Address Denton MO. Date signed March 26th 1947

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Walter E. Moyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Shertown 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.