No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27438

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 675

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2023 N. Douglas Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2023 N. Douglas 6
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora M. Welch
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 17, 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
91	9	13	hr. min.

9. Birthplace Rockford (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
12. Name T. G. Scott (FATHER)
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Letitia (MOTHER)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rev. J. R. Flower
(b) Address 1856 N. Douglas, Spg. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.
18. (a) Signature of funeral director Swklingner & Co.
(b) Address Springfield Mo.
19. (a) 7-30-47 (Date received local registrar) (b) R. J. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from 3-10, 19 47 to 7-20, 19 47 that I last saw him alive on 7-20, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertension, Cardio nephritis — 3 yrs
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (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)
While at work? (e) Means of injury 0
23. Signature C. E. Feller (M. D. ~~or other~~)
Address Springfield Mo. Date signed 7-31-47

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.