No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40896

Registration District No. 38 | Primary Registration District No. 5120 | Registrar's No. 327

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora M. Welch
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James E Welch
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Oct (Month) 22 (Day) 1864 (Year)

8. AGE: Years 83 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Pontiac (City, town, or county) Mich (State or foreign country) /
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Nelson Voorheis 9
13. Birthplace — (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Syracuse (City, town, or county) N Y (State or foreign country) /
16. (a) Informant Mrs S. L. Wells
(b) Address Brown Station R 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Locust Grove
18. (a) Signature of funeral director R Willett
(b) Address Columbia Mo
19. (a) 12-30-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th year 1947 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from Nov. 27-47 2, 19.. to Dec., 19..; that I last saw her alive on Dec. 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBAL ~~Hemorrhage~~ THROMBOSIS.	
Due to Arterio-Sclerosis.	
Due to Hypertension.	
Other conditions (Include pregnancy within 3 months of death) 83 B	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
23. Signature James G. Miller (M. D. or other) DO
Address 317 C.C. Ave, Columbia Date signed 27 Dec 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/13/47

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.