No. 2
1—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15185

Registration District No. 381 | Primary Registration District No. 43-15 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 47 yrs.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Sullivan 165
(c) City or town: Milan 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Alice Elizabeth Wellingham
3. (b) If veteran, name war: No
3. (c) Social Security No.: —
4. Sex: Fml
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: J. R. Wellingham
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: 8 (Month) 19 (Day) 1800 (Year)
8. AGE: Years 77 | Months 7 | Days 7 | If less than one day hr. min.
9. Birthplace: Shenandoah (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: William Paul
13. Birthplace: — (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Eva E. Ellis
15. Birthplace: — (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Paul Wellingham
(b) Address: Milan - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Mount - Quincy Ill.
18. (a) Signature of funeral director: [illegible]
(b) Address: Milan - Mo.
19. (a) May 5 1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 12 minute 45 a M.
21. I hereby certify that I attended the deceased from Dec. 4, 1947, to April 26, 1948 that I last saw her alive on April 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Changes.	—
Due to: cerebral lesion	4 mo.
Due to: hypertension —	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 102
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:
23. Signature: E. W. Livingston (M. D. or other) M.D.
Address: Milan Date signed 5-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10.
District File Number 5-48-842
Date Filed MAY 10 1948

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - 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.