

FILED JUN 15 1948

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 144

1. PLACE OF DEATH:

(a) County cole

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

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

(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. 4 Miles South
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret C. Wellcome

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife L. R. Wellcome

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 30 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	7	hr. min.

9. Birthplace Welcome Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name George Hopp

13. Birthplace No Record Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Drake

15. Birthplace No Record Maine
(City, town, or county) (State or foreign country)

16. (a) Informant L. R. Wellcome

(b) Address Tuscumbia, Mo.

17. (a) Removal (b) Date thereof June 8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director R. P. ...

(b) Address Versailles, Mo.

19. (a) 6-9-48 (b) R. P. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 9:00 AM minute 00

21. I hereby certify that I attended the deceased from June 8 1948 to June 8 1948
that I last saw h. alive on June 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of lung

Due to Primary carcinoma of the right breast

Due to _____

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

Major findings: 50

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? _____

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

23. Signature Edward Taylor (M. D. or other) MD

Address Jefferson City Date signed 6-9-48

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

1554

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 14 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.....

Raymond Hacker..... Registered Apprentice No. *212*
working under my personal supervision.

Signed.....
M. F. Kimmel

Licensed Embalmer No. *1596*

P. O. Address. *Versailles 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.