

No. 2
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17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32200

FILED NOV 6 1948 +7

State File No. _____

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp no 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs 6 mo 29 day
(Specify whether) same
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1118 east 9th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE WELCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f 1 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov 27 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Thomas Welch

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jemima Paine

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp
(b) Address Fulton Mo

17. (a) Removal (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 776 1/2 St. Fulton, Missouri

19. (a) 10-27-1948 (b) Jesse M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 26 year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 18 to Oct 26 1948, that I last saw her alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy 10

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? _____

23. Signature M. G. Miller Address Fulton Mo

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 5 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 *Denzil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.