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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: freeman  
(If not in hospital or institution, write street number or location)

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

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Sarcovia 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lloyd P. Welton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Verna Welton

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar. 14, 1898  
(Month) (Day) (Year)

8. AGE: Years 50 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sarcovia 0  
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business Filling Station

12. Name Jack Welton

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mame

15. Birthplace Sarcovia, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verna Welton

(b) Address Sarcovia

17. (a) Burial (b) Date thereof Oct 14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcovia Cemetery

18. (a) Signature of funeral director W. K. Jackson

(b) Address Sarcovia

19. (a) 10-21-48 (b) \_\_\_\_\_  
(Date received local registration) (Registrar's initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-8 1948 to 10-12 1948;  
that I last saw him alive on 10-12 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Cardiac dilatation

Duration 10/8/48

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 950

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 W. K. Jackson (M.D. State) \_\_\_\_\_  
Address Sarcovia Date signed 10/14/48

48-10-981

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarasota Fla

**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.**