

8. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. H. S. Sibley
State File No. 39861
Registrar's No. 1106

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: St. John Hosp.
(d) Length of stay: In hospital or institution 2 Days
In this community More than 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town (Rural) Springfield
(d) Street No. Route # 7 Box 423
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Susan Welch
3. (b) If veteran, name war No 3. (c) Social Security No. _____
4. Sex Female 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 alive _____ years
7. Birth date of deceased June 24 1878

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20 year 1948 hour 7 minute 45a. M.
21. I hereby certify that I attended the deceased from Dec. 20, 1948 to Dec. 20, 1948
that I last saw her alive on Dec. 20, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 5 26 hr. _____ min.

Immediate cause of death Cerebral accident
Due to Arteriosclerosis
Duration 4 days

9. Birthplace Debnison Ohio
10. Usual occupation Retired Clerk Frisco R.R.
11. Industry or business _____

Other conditions None
Major findings: Of operations _____
Of autopsy None

MOTHER FATHER
12. Name Chas. M. Welch
13. Birthplace Dennison Ohio
14. Maiden name Mary Jane
15. Birthplace Philadelphia Ohio
16. (a) Informant Hattie Welch
(b) Address Route # 7 Springfield, Mo.
17. (a) Burial (b) Date thereof 12/22/48
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12/22/48 (b) H. S. Sibley

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? _____
(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 H. S. Sibley (M. D. certifying) _____
Address 606 1/2 Cherry St. Date signed Dec 22 1948

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

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JAN 2 1949

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

Walter C. Hammett

Licensed Embalmer No.

3898

P. O. Address

Burgess, 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.