

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41218
State File No. _____
Registrar's No. 374

Registration District No. 316

Primary Registration District No. 3061

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

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
 (b) City or town FLAT RIVER, MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
101 FEDERAL ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 YEAR.
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY H. WELSH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE
 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife John W. Welsh
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB. 7 1863
 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 19
 If less than one day hr. _____ min. _____

9. Birthplace: TENN.
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. D. Seal

(b) Address 101 FEDERAL ST. Flat River, MO.

17. (a) Burial (b) Date thereof 11-26-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation REDFORD, MO.

18. (a) Signature of funeral director C. J. Boynt & Son

(b) Address Deeslope, Mo.

19. (a) 11-29-48 (b) Ether Ruddleoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS
 (c) City or town FLAT RIVER
 (If outside city or town limits, write "RURAL")
 (d) Street No. 101 FEDERAL
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 26
 year 1948 hour 2:10 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Nov 20
 1948 to Nov 26 1948
 that I last saw h. EA alive on Nov 26
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease
 Due to Arterio sclerotic

Due to Senility

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

Major findings: _____
 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)
 (c) Means of injury _____

23. Signature C. H. Hershberg (M. D. or other) MD
 Address 1127-48 Date signed _____

RECEIVED

Director of Health Officer No. 4

License Number 12-48-1520

12-14-48

DEC 23 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 C. J. Sawyer

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.