REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10538
Do not use this space.

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198 5277 A
(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 35
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

435

2. PRINT FULL NAME Elizabeth McKee Welton
(a) Residence, No. Clay, County St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harness M. Welton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13-1855
7. AGE: YEARS 83 — MONTHS 4 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb, Co Mo

FATHER
13. NAME Melvin McKee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary McAdow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) R E Welton Excelsior Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodland DATE Mar 27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo.
20. FILED 9-28-1939 Rosena McCracken Local Registrar. 180

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 24, 1939
I last saw her alive on March 24th, 1939 Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 3-10-39

54

Other contributory causes of importance:
Chronic diabetes mellitus

Name of operation XX Date of .....
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury ....., 19....
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John F Grace M. D.
(Address) Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24

MARGIN RESERVED FOR BINDING

50M-1-12-38 I X14023

Date Filed 4/3/34

District File Number

District Health Officer No. 8

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, Claude Prichard, or by

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

Signed Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs, 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, above space should be left blank.