

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FILED MAR 12 1940

Registration District No. 123

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
South East Missouri Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Madine Welch 420

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 _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 12 9 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Maids

11. Industry or business Pratt House

12. Name Pete Welch

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

14. Maiden name Cora Welch

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

16. (a) Informant's own signature Pete Welch

(b) Address Pattersonville Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattersonville 2-15-40

18. (a) Signature of funeral director A. M. Payne

(b) Address Pattersonville Mo

19. (a) 2-13-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month Feb day 13
year 40 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb-11, 1940, to Feb-13, 1940
that I last saw her alive on 2-13-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Strep-*streptococcus* throat

Duration 28 hrs

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 A. J. ... (M. D. or other) _____
Address Jackson Mo Date signed 2-14-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.