

FILED JUN 20 1940

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
802 Jackson Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
(Specify whether  
In this community 66 - 7 - 0  
years, months or days)

3. (a) PRINT FULL NAME MISSOURI CLARINDA WELCH 420

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lorenza Lewis Welch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 28, 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace West Plains, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Joseph Crider

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

14. Maiden name Missouri McCubbins

15. Birthplace \_\_\_\_\_ Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lorrene Welch Sinclair

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof May 1, 1940  
(Burial, cremation, or removal) Oak Lawn Cem. (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Thombrough

(b) Address West Plains, Mo.

19. (a) 5-4-40 (b) Vida W. Simons  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town West Plains  
(If outside city or town limits, write "RURAL")  
(d) Street No. 802 Jackson Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1934, to 4-28-1940,  
that I last saw her alive on 4-28-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include 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? 344

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature E. B. Bohner (M. D. or other) MD  
Address West Plains, Mo. Date signed 5-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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. \_\_\_\_\_

RECEIVED

working under my personal supervision.

District Health Officer No. 5,

District File Number 640 630

Date Filed 66 40

Signed \_\_\_\_\_

*Hal Thomburg*

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.