

Registration District No. **470**

Primary Registration District No. **6633**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 1/2 days**
(Specify whether
In this community **12 1/2 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Salisbury**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **+** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lucy Welch**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Dan Welch**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **June 9th 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **14**
If less than one day hr. _____ min. _____

9. Birthplace **Misselfork Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Cook**
13. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Owens**
15. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Missouri State Sanatorium**

17. (a) **Removal** (b) Date thereof **6-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury**

18. (a) Signature of funeral director **Paul H. Schaefer**

(b) Address **Salisbury Mo.**

19. (a) **6-23-1941** (b) **P.A. Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23d**
year **1941** hour **5:20** minute **A** M.

21. I hereby certify that I attended the deceased from
January 27th 1938 to June 23 1941
and that death occurred on the date and hour stated above.
that I last saw her alive on **June 22 1941**

Immediate cause of death _____
Pulmonary tuberculosis

Due to _____
Due to **12/18**

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?
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(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **W. L. Coffman** (M. D. or other) _____
Address **Salisbury Mo.** Date signed **6/23/41**

Duration
abt 1/2 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

5500

RECEIVED

District Health Officer No. 6,

District File Number 741-1033

Date Filed JUL 7 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 me

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

Signed

Frank B. Embalmner

Licensed Embalmer No. 3981

P. O. Address Washington, D.C.

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.