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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941
Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35725
Primary Registration District No. 3032
Registrar's No. 298

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 210 West 6th (If rural, give location) 5
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ada Welch
3. (b) If veteran, name war none
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 J.E. Welch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 18, 1878 (Month) (Day) (Year)

8. AGE: Years 63 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Johnson County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

MOTHER FATHER
12. Name Thomas Ragsdale
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Pathenia Easley
15. Birthplace Missouri (City, town, or county) (State or foreign country) O

16. (a) Informant J.E. Welch (husband)
(b) Address 210 West 6th, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cemetery Warrensburg Missouri
18. (a) Signature of funeral director Eugene Young
(b) Address Sedalia, Missouri
19. (a) 10-10-41 (Date received local registrar) (b) Reno. Harry Smoot (Registrar's signature)

1906 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1941 hour 1:00 minute A.M.
21. I hereby certify that I attended the deceased from Oct 1937, 19__, to Oct 8, 1941; that I last saw h__ alive on Oct 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	1937
Due to: Chr glomerular Nephritis	1937
Due to:	
Other conditions: Arteric Sclerosis-Advanced (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence none
1941 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? none
(Specify type of place)
While at work? (e) Means of injury O

23. Signature J.B. Caldwell M.D (M. D. or other)
Address Sedalia Mo Date signed 10-944

Dr. Carlisle

RECEIVED
District Health Officer No. 8,
District File Number 11-7-41
Date Filed

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.