S. No. 2
M—5-42
v. 5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28461

State File No. .....

Registration District No. 273 Primary Registration District No. 4245 Registrar's No. 91

12
1
0

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Marshfield 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. x
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Allie Welsh Pamplin
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Robert J. Pamplin
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased June (Month) - 5 (Day) - 1853 (Year)

8. AGE: Years	Months	Days	If less than one day
89	2	13	x hr. x min.

9. Birthplace Webster County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home.
MOTHER FATHER
12. Name Thomas Welsh
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Rezziah Wetterman
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Kim Davison
(b) Address Marshfield, Missouri.
17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof Aug. 21 (Month) 42 (Day) (Year)
(c) Place: burial ~~or cremation~~ Welsh Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Missouri.
19. (a) 9/6/42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1942 hour 7:50 minute P M.
21. I hereby certify that I attended the deceased from Aug 5, 1942, 19..., to Aug 18, 1942, that I last saw her alive on Aug. 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to No detectable organic lesions
Due to No food taken for last four days of life!
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

23. Signature C. P. Macdonald (M. D. or other) M. D.
Address Marshfield, Mo. Date signed 8/18/42

820

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 942-1382
Date Filed SEP 11 1942

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 Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.