

FILED OCT 23 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 972

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Joseph Hospital # 2 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 7 months 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County W. Macon

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

(d) Street No. R. F. R # 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALLIE WELT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1942 hour 2:30 AM/minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Welt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1942 to Oct 12 1942
that I last saw her alive on Oct 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Duration 4 days

8. AGE: Years Months Days If less than one day

53 5 - hr. - min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 101

Of autopsy _____

11. Industry or business _____

12. Name John Grable

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

14. Maiden name Catherine Shunk

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

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? _____

16. (a) Informant Mr. Henry Welt

(b) Address Berier Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 13 42 (Month) (Day) (Year)

(c) Place: burial or cremation Berier Missouri

18. (a) Signature of funeral director Flemer S. ...

(b) Address St Joseph Missouri

19. (a) 10-13-42 (Date received local registrar) (b) Rae Hagag (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address State Hospital # 2 Date signed 12-19-42

NOV 9 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 Robert A. Gaylor
Licensed Embalmer No. 3308
P. O. Address St Joseph

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.