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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1942

Registration District No. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34521

Primary Registration District No. 3052

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1505 South Barrett /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: Pettis 80

(a) State Missouri (b) County 0

(c) City or town Sweet Springs, (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. near Dunksburg
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Alice 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 widowed

6. (b) Name of husband or wife John Wilson Welch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 21, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Osceola, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Landon C. Peters
13. Birthplace unknown, Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown, Carry
15. Birthplace unknown, Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Landon Welch (son)
(b) Address 1505 S. Barrett, Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion near Sweet Springs, Mo.

18. (a) Signature of funeral director Beatrice Ewing
(b) Address Sedalia, Mo.

19. (a) 10/26/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1942 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1942, to October 23, 1942, that I last saw h[illegible] alive on October 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure - Coronary occlusion, left recurrent	5 mo
Due to: Hypertension	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): q fa	
Major findings: Of operations:	
Of autopsy:	

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 Chas D Osborne (M. D. ~~or coroner~~)

Address Sedalia Missouri Date signed 10-24-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 11-4-42

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 NOV 24 1942, Registered Apprentice No., working under my personal supervision.

Signed. Duane Ewing

Licensed Embalmer No. 38/407

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.