

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37410
Registrar's No. 15

FILED NOV 30 1942

Registration District No. 1773

Primary Registration District No. 5643

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Concordia. Rural
(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 Mrs. Frances A. Welborn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Arthur B. Welborn 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June-23-1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John W. Sullivan

13. Birthplace High Point N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Tepp Bodenhamer

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Welborn

(b) Address Rural Concordia. Mo.

17. (a) Burial (b) Date thereof 11-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Hill Cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville. Mo.

19. (a) Nov 21-1942 (b) Mrs. Walter Walkentent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 2-42
1942 to Nov 15 1942
that I last saw her alive on Nov 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (Carcinoma of breast)
Duration 4 yrs

Due to _____

Due to 50

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature E. H. Johnston (M. D. or other) _____

Address Concordia Date signed 11-16-42

1230

DEC 7 - 1942

... of ... No. 6,
... Number
... Filed 11-30-42

STATEMENT BY LICENSED EMBALMER

336

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by [Signature],
assisted by J. Foster A. Hoyle, Registered Apprentice No.
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 539
P. O. Address Higginelle 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.