

No. 2
M-2-43
y. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10733

State File No.

FILED APR 12 1944

Primary Registration District No. 5289

Registrar's No. 37

1. PLACE OF DEATH: *Clay*
 (a) County: *Clay*
 (b) City or town: *Parisville Mo*
 (c) Name of hospital or institution: *Home IRRAL GALLATIOW Twp*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: *2* (Specify whether)
 In this community: *65 years* (years, months or days)

2. USUAL RESIDENCE OF DECEASED: *Clay*
 (a) State: *Missouri* (b) County: *Clay*
 (c) City or town: *Parisville* (If outside city or town limits, write "RURAL")
 (d) Street No.: *R.R. No 3* (If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country: *0*

3. (a) PRINT FULL NAME: *Sarah Jane Welton*
 3. (b) If veteran, name war: *1*
 3. (c) Social Security No.: *1*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: *March* day: *7*
 year: *1944* hour: *4* minute: *45p* M.

4. Sex: *Fe* 5. Color or race: *W* 6. (a) Single, widowed, married, divorced: *Widow*
 6. (b) Name of husband or wife: *1* 6. (c) Age of husband or wife if alive: *4* years

21. I hereby certify that I attended the deceased from *3/1* 19*44* to *3/1* 19*44*
 that I last saw *ev* alive on *3/1* 19*44* and that death occurred on the date and hour stated above.

7. Birth date of deceased: *Jan - 16 - 1858*
 (Month) (Day) (Year)

Immediate cause of death: *Cerebral*
 Due to: *Senility*

8. AGE: Years: *86* Months: *1* Days: *29* If less than one day: *hr. min.*
 9. Birthplace: *Ohio* (City, town or county) (State or foreign country)

Other conditions: *83a!*
 (Include pregnancy within 3 months of death)

10. Usual occupation: *Housewife*
 11. Industry or business: *Home*
 12. Name: *Welton*
 13. Birthplace: *Ohio* (City, town or county) (State or foreign country)

Major findings: *83a!*
 Of operations: *83a!*
 Of autopsy: *83a!*
 PHYSICIAN: *83a!*
 Underline the cause to which death should be charged statistically.

14. Maiden name: *Welton*
 15. Birthplace: *Ohio* (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: *Carl R. Welton*
 (b) Address: *RR No 3 - Parisville Mo*
 17. (a) *Burial* (b) Date thereof: *3/10/44* (Month) (Day) (Year)
 (c) Place: burial or cremation: *Wt. Washington*
 18. (a) Signature of funeral director: *Wm. H. Henry*
 (b) Address: *11 C. 1st St. Parisville Mo*
 19. (a) *Mar 10 - 1944* (Date received local registrar) (b) *Wm. H. Henry* (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury: *MD*
 23. Signature: *Wm. H. Henry* (M. D. or other)
 Address: *North KC, Mo* Date signed: *3/10/44*

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

MOTHER FATHER

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Director

Inter No. 8

3-31-44

APR 20 1944

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

John B. Payne
2955-

Licensed Embalmer No.....

P. O. Address.....

H. C. Shaw

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.