

FILED SEP 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 387

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
(Specify whether
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME HELEN M. WELCH

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 MARRIED
6. (b) Name of husband or wife LONDON 6. (c) Age of husband or wife if alive 7-18 years
7. Birth date of deceased July 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 29 If less than one day
hr. min.

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

10. Usual occupation INSTRUCTOR

11. Industry or business PUBLIC EDUCATION

12. Name E. R. MORRIS

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

14. Maiden name MINNIE C. CHATMAN

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

16. (a) Informant LANDON WELCH

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 9-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 9-2-44 (b) Ma Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1505 So. BARRETT
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 31 year 1944 hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from Sept 29 1944 to Aug 31 1944
that I last saw her alive on Aug 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to metastases from
Schistosomiasis Carcinoma of breast 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Liver - shows enlarged
Of operations nodular growth - cystic fluid in
Of autopsy abdomen

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? (b) Means of injury
23. Signature: Chas DeStrome (M. D. or other)
Address Sedalia MO Date signed 9/1/44

Health Officer No. 8

File Number

Filed

9-7-44

SEP 21 1944

JUL 19 1957

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.....

Licensed Embalmer No. 3868

P. O. Address. Sedalia

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.