S. No. 2
M—5-42
5-17-39
I· X32873

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

37820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 905

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(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 Mo (b) County Hickory 4

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Welch, Mary Herbert

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 UNK.

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

7. Birth date of deceased Dec. (Month) 9 (Day) 1869 (Year)

8. AGE: Years 74 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Jefferson Herbert
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Raleigh E. Welch
(b) Address Butler, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kings Prairie

18. (a) Signature of funeral director Osceola F. Home
(b) Address Osceola, Mo.

19. (a) 11-16-44 (Date received local registrar) (b) Dr W. L. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1944 hour 5 minute 55 M.

21. I hereby certify that I attended the deceased from Nov 13, 1944 to Nov 15, 1944 that I last saw her alive on Nov. 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Rupt. Gangrenous Appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Appendix was ruptured. Spreading peritonitis in the abdomen.
~~Of autopsy~~

121.1

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 Hallis Smith (M. D. or other) MD

Address Springfield Mo Date signed 11-15-44

(Licensed Embalmer's Statement on Reverse Side)

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 Paul Firestone

Licensed Embalmer No. 399 D

P. O. Address Oscoda Mich

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.