

FILED JAN 13 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1441

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 days (Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Mrs Lottie M. Welch
FULL NAME

3. (b) If veteran, No name war
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles F.
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 12 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	54	10	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Simon Clark

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

14. Maiden name Mary Stewart
(City, town, or county) (State or foreign country)

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

16. (a) Informant C.F. Welch

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) 1-3-47 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1946 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 22 1946 to Dec 27 1946;
that I last saw h alive on Dec 27 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 17 1/2 hrs

Due to aneurysm of gen.

Due to Rept. Chr

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

Major findings: Of operations _____
Of autopsy _____
1318

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 Frank Bladigan (M. D. or other)
Address 670 Spruce Date signed 12/29/46

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

MOTHER FATHER

FEB 14 1947

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.....

Robert H. Apple

Licensed Embalmer No. *3308*

P. O. Address..... *St. Joseph, 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.