

FILED SEP 10 1947

State File No.

Registrar's No.

Registration District No. 274

Primary Registration District No. 3052

275

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
501 No. Stewart
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 20 years
 years, months or days

3. (a) PRINT FULL NAME CLARA Alice 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 Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 23 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 19 _____ hr. _____ min.

9. Birthplace Paris Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Saleswoman

11. Industry or business _____

12. Name Nelson Welch
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Nicoles
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Withrow
 (b) Address 501 No. Stewart Sedalia, Mo.
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-14-47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Houston Texas

18. (a) Signature of funeral director Mc Laughlin Bros
 (b) Address Sedalia, Mo.

19. (a) 8-14-47 (Date received local registrar) (b) Betty Yeager (Registrator's signature) Deputy

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. 501 No. Stewart
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 12
 year 1947 hour 5 O'clock minute _____ P.M. M.
 21. I hereby certify that I attended the deceased from Dec. 25, 1945
off and on for different ailments.
 that I last saw him or alive on August 8, 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary occlusion.
First and only attack.

Due to Coronary embolus.

Due to Hypertension-arterio sclerosis,

Other conditions Arthritis deforming. Hands & feet.
 (Include pregnancy within 3 months of death)

Major findings: No operation.
 Of operations XXX
 Of autopsy No autopsy.
 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) No.
 (b) Date of occurrence XXX
 (c) Where did injury occur? No injury.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury.

While at work Yes (Specify type of place) (e) Means of injury XXX
 Signature C. B. Brader (M. D. of State) Mo.

Address Sedalia, Missouri. Date signed 8-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-9-47

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

H. P. M. Leary

Licensed Embalmer No.

3153

P. O. Address

Sedalia 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.