S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38692

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No.

49
2
5

Sr. S.W. Bearse

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Indiana 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Lula Welch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Frank Welch
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. (Month) 2nd (Day) 1880 (Year)

8. AGE: Years 67 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Beecher City (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joe Burris
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Alice Ballard
15. Birthplace Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Martha Welch
(b) Address Joplin Mo.
17. (a) Osborne Memorial (Burial, ~~cremation, or removal~~) Date thereof 9-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Mem.
18. (a) Signature of funeral director Thornhill Mortuary
(b) Address Joplin Missouri
19. (a) 9-25-47 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 20th
year 1947 hour 10:30 minute P.m. M.

21. I hereby certify that I attended the deceased from September 2, 1947, to September 20, 1947; that I last saw her alive on September 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peripheral circulatory collapse	5 min
Due to Following sing.	13 hr
Due to Common duct obstruction	3 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 127 B

PHYSICIAN
Underline the cause of 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 18

23. Signature [signature] (M. D. or other)
Address 308 Frisco Bldg, Joplin Date signed 9-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-845

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 Jesse O. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Erling M Dungy

Licensed Embalmer, No. 3566

P. O. Address Joplin 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.