

FILED AUG 6 1948

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 475 W. Hodson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia ANNA Welbaum

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 Widowed

6. (b) Name of husband or wife Jacob Welbaum 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 7-9-1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name George W. Nichols

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

14. Maiden name Lucy Goodright

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

16. (a) Informant Cecil Welbaum

(b) Address Kirksville Mo

17. (a) Burial (b) Date thereof 7-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Mo

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 7-30-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 475 W. Hodson  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 18 1947, to July 18 1948, and that I last saw her alive on July 18 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to General Debility & Aneurysm 10 year

Due to Chronic Nephritis - Colitis & abdominal adhesions (adhesions)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 137B

Of autopsy No Autopsy

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? 2

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) D.O.

Address Kirksville Mo Date signed 7/30/48

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

RECEIVED  
District of Columbia Office No. 11  
Case No. 8-48-1389  
Date Filed AUG 7 1948

**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 Louis E. Hopper  
Licensed Embalmer No. 4261  
P. O. Address Clarence No.

**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.**