FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 2883

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 26914

Registrar's No. 29824

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

1. PLACE OF DEATH:

(a) County: Lawrence

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

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

In this community: 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lawrence

(c) City or town: Stotts City 55 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: John Wesley Welty

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: deceased

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

7. Birth date of deceased: Feb (Month) 6 (Day) 1871 (Year)

8. AGE: Years 77 Months 5 Days 10 If less than one day: ..... hr. ..... min.

9. Birthplace: Quincy (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER 12. Name: unknown

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

MOTHER 14. Maiden name: unknown

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

16. (a) Informant: Mrs Chas Buffington

(b) Address: Mt. Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 18 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cem. Stotts City Mo

18. (a) Signature of funeral director: H. D. Fossett

(b) Address: Mt. Vernon Mo.

19. (a) Sept-9-48 (Date received local registrar) (b) Ceil Hendricks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 12, 1948 to July 16, 1948; that I last saw him alive on July 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pericarditis — Duration: Unknown

Due to:

Due to:

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

Major findings: Of operations: P. R. Holmes

Of autopsy: 90 B

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: P. R. Holmes (M.D. or other)

Address: Mt Vernon Mo Date signed 7-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-1035
Date Filed SEP 11 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 By me, Registered Apprentice No. ..... working under my personal supervision.

Signed Max L. Tossett

Licensed Embalmer No. 4252

P. O. Address Mitchenor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.