S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 37711

Registrar's No. 294

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 hrs (Specify whether years, months or days)
In this community About 60 yrs.

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

3. (a) PRINT FULL NAME: H. Scott Welch
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 14 (Day) 1871 (Year)
8. AGE: Years 77 Months 1 Days 6 If less than one day hr. min.
9. Birthplace: Sturgeon Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Postmaster.
11. Industry or business:
MOTHER FATHER
12. Name: William H. Welch
13. Birthplace: Boone Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Laura Jamison.
15. Birthplace: Hickory Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Anna Welch
(b) Address: Higbee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem. Higbee Mo
18. (a) Signature of funeral director: Joe W Burton
(b) Address: Higbee Mo
19. (a) Nov 24 1948 (Date received local registrar) (b) Leah William Rowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1948 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 17, 1948 to Nov 19, 1948 that I last saw him alive on Nov 19, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Pulmonary hemorrhage
Due to: fracture of lower lobe
Due to: fractured ribs
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Of autopsy:

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): accident
(b) Date of occurrence:
(c) Where did injury occur? Higbee Randolph Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public business (Specify type of place)
While at work?
(e) Means of injury: car
23. Signature: V J Robinson (M. D. or other) DC
Address: Higbee Date signed 11-22-48

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

DEC 16 1948

DEC 8 1948

RECEIVED
District Health Officer No. 10
District File Number 1148:2012
Date Filed NOV 29 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 E. L. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.