

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37988

FILED DEC 6 1949

State File No. 406 Registrar's No. 406

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| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | State File No. <u>37988</u> | | Registrar's No. <u>406</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | | | | | | |
| b. CITY OR TOWN <u>Hannibal</u> | | | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Hannibal</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>812nd Broadway</u> | | | | d. STREET ADDRESS (If rural, give location) <u>812nd Broadway</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | | b. (Middle) <u>Phillip</u> | | | c. (Last) <u>Welsch</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1949</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb. 17-1904</u> | | 9. AGE (In years last birthday) <u>45</u> | | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> | IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Frankford Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Thomas Welsch</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lois Unsell</u> | | | 14. NAME OF HUSBAND OR WIFE <u>EDITH</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edith Welsch</u> | | | | | | ADDRESS <u>812nd Broadway Hannibal Mo</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of Neck</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 yrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1949</u> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>7:45 a m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>Doc. Semmler</u> | | | | | 23b. ADDRESS <u>1001 Bdway</u> | | | 23c. DATE SIGNED <u>11/28/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 30 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u> | | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u> | | | | |
| DATE RECD BY LOCAL REG. <u>11/28/49</u> | | REGISTRAR'S SIGNATURE <u>N E M Lucher</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> | | ADDRESS <u>Hannibal Mo</u> | | | | |

(Licensed Emballer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Donnell.....

Licensed Embalmer No. 3246.....

P. O. Address Hannibal 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.