No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18287

Registration District No. 250 — Primary Registration District No. 4150 — Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Daviess

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

(c) Name of hospital or institution: 2 (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: 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess

(c) City or town: Gallatin, Missouri (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: George Welch 1120

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Frances Welch

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: August (Month) 14 (Day) 1861 (Year)

8. AGE: Years 78 | Months 9 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Lytleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Retired

FATHER
12. Name: James Welch
13. Birthplace: Unknown (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name: Carolyn Borden
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. Geo. Welch

(b) Address: Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Brown Cemetery

18. (a) Signature of funeral director: Hope Furn. & Und. Co.

(b) Address: Gallatin, Mo.

19. (a) May 23, 1940 (Date received local registrar) (b) H. A. Hope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1938, to May 22, 1940 that I last saw him alive on May 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac insufficiency with hypertension — Duration

Due to: Anemia

Due to: age

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

Major findings: Of operations: —

Of 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? — (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: M. A. Smith (M. D. or other)

Address: Gallatin Mo. Date signed 5/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-948
Date Filed JUN 14 1940

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin Missouri

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, above space should be left blank.