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

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19278

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 169

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos - 16 days (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural - Horton Mo (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.

8. (a) PRINT FULL NAME James W. Welch

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Nov. (Month) 24 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 2 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name G. W. J. Welch

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

MOTHER 14. Maiden name Lettie

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

16. (a) Informant Hobart Welch (son)

(b) Address Horton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation Balltown Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 5-29-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941, to May 26, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease — Duration 7

Due to NZP

Due to

Other conditions (Include pregnancy within 3 months of death) Senility - Erysipelas of Face

Major findings: Of operations

Of autopsy No

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 Henry H. Foster (M. D. or other) M.D.

Address Nevada, Mo. Date signed 5-26-41

(Licensed Embalmer's Statement on Reverse Side)

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

800

NOV 12 1941

RECEIVED
District Health Officer No. 7,
District File Number 6-41-983
Date Filed 6-10-41

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 Lloyd R. Wunnatt

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

If this body is not embalmed, above space should be left blank.