

FILED AUG 14 1941

Registration District No. 419

Primary Registration District No. 5573

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural, McDonald - Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Reeds, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetime. _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Rural - McDonald Town. 2
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Reeds, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter William Welty

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Canavan Welty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 17 _____ hr. _____ min.

9. Birthplace Medoc, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret'd. Rural Mail Carrier.

11. Industry or business _____

12. Name Henry Welty

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Eppright
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Welty

(b) Address Route #1, Reeds, Missouri.

17. (a) Burial (b) Date thereof 7-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) 7-15-41 (b) Mrs. Mary Hall
(Date received local registrar) (Registrar's signature)
368 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th.
year 1941 hour 9:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from 30 - 1941 to July 14 - 1941
that I last saw him alive on July 14 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending paralysis. Duration _____

Due to Tortic

Due to 20

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.B. [Signature] (M. D. or other) 10
Address Jasper, Mo. Date signed 7-15-41

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

9
0
0

41-8-715

SEP 8 1941

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..... *John J. Kennedy*

Licensed Embalmer No..... *4794*

P. O. Address..... *Carthage 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.