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DEC 18 1941 328  
Registration District No.

Primary Registration District No. 3017

State File No.

Registrar's No.

1. PLACE OF DEATH:  
 (a) County GRUNDY  
 (b) City or town TRENTON Juan  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1113 McPHERSON ST  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 57 years years, months or days)

3. (a) PRINT FULL NAME ANDREW FRANK WELSH  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NINE

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife CARRIE WELSH  
 6. (c) Age of husband or wife if alive 6 years  
 7. Birth date of deceased: Oct 29 1854  
 (Month) (Day) (Year)

8. AGE: Years 87 Months - Days 16  
 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace HEBRON OHIO  
 (City, town, or county) (State or foreign country)

10. Usual occupation LAW ENFORCEMENT

11. Industry or business Township & County

12. Name WILLIAM WELSH

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

14. Maiden name Hilda Bigler

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

16. (a) Informant Ray A. Sulgy  
 (b) Address Trenton, Mo

17. (a) BURIAL (b) Date thereof 11-19-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Raymond Davis  
 (b) Address Trenton, Mo

19. (a) 11-15-41 (b) Andrew Fair  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County GRUNDY 40  
 (c) City or town TRENTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1113 McPHERSON ST 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 15  
 year 1941 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 4-4-31  
 \_\_\_\_\_, 19\_\_\_\_, to 11-15- 1941  
 that I last saw him alive on 11-13- 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Heart disease - myocarditis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 0

23. Signature W. A. Wilson (M. D. or other) MD  
 Address Trenton Mo Date signed 11-17-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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~~ \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.**