

FILED NOV 7 1942

Registration District No. 329

Primary Registration District No. 5227

Registrar's No. 152

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Peculiar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cass County 5 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs.
(Specify whether years, months or days)
In this community 41 years

3. (a) PRINT FULL NAME Albert Welch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife deceased-1907 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 5 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Pulaski Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Welch

13. Birthplace not known Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Francis

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Welch

(b) Address Peculiar Mo

17. (a) burial (b) Date thereof Oct 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cem

18. (a) Signature of funeral director Arthur B. Fox

(b) Address Harrisonville Mo

19. (a) Nov 4, 1942 (b) Margaret Vole
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Peculiar Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 27 day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 20
_____ 1942, to Oct 27 1942
that I last saw him alive on Oct 26, 1942 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis and valvular degeneration heart
Due to _____

Due to _____

Other conditions g2
(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? _____

While at work? _____ (Specify type of place)
(c) Manner of injury _____

23. Signature E. M. Griffith (M. D. overthru)
Address Harrisonville Mo Date signed 11/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Not Embalmed

Signed Floyd Altman
Licensed Embalmer No. 3920
P. O. Address Harrisonville

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.