S. No. 2
1—9-4-41
5-17-39
P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11677

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

03 0 0

1. PLACE OF DEATH:

(a) County: Stoddard

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

(c) Name of hospital or institution: /
(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 .....

2. USUAL RESIDENCE OF DECEASED: 103

(a) State: Missouri (b) County: Stoddrd. 0

(c) City or town: Essex, 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Joan Welch,

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: 0 Singele

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Sept. (Month) 27, (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	5	18	..... hr. ..... min.

9. Birthplace: Gray Ridge, (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: Jess Welch
13. Birthplace: Steele, (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name: Anna Mae Parker,
15. Birthplace: Middle (City, town, or county) / Tenn. (State or foreign country)

16. (a) Informant: Anna Mes Welch
(b) Address: Essex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3, (Month) 16, (Day) 43 (Year)
(c) Place: burial or cremation: Dexter, Mo.

18. (a) Signature of funeral director: Watkins Funeral Ser.
(b) Address: Dexter, Mo.

19. (a) 3-16-43 (Date received local registrar) (b) Nora Fiona (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Mach year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 14-43 Nov. 12-43, 19..., to ....., 19...
that I last saw h.. alive on March 15 — 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to: Measles

Due to: 35

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

Major findings:
Of operations: ✓
Of autopsy: none,

Duration: 7 / 10 / 13

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: J. P. Brandon D. (M. D. or other)
Address: Lacy, Mo. Date signed 3-16-43

112 9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 343-390
Date Filed 3-19-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.