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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35039

State File No.

Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 196

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Avilla — McDonald Twp.
(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 1 (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 049 0

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

(d) Street No. NONE
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES FRANKLIN WELCH

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 1

6. (b) Name of husband or wife ELIZA MYERS WELCH

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL 21, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	25	hr. min.

9. Birthplace NEVADA, 0 MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. F. Welch
(b) Address Avilla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director ED. C. ULMER
(b) Address CARTHAGE? MISSOURI

19. (a) Oct. 19 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16th,
year 1943 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from AUGUST 15th, 1943 to OCTOBER 16, 1943
that I last saw him alive on SEPTEMBER 25, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MITRAL INSUFFICIENCY	2
Due to CHRONIC INTERSTITIAL NEPHRITIS	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. J. Schlick M. D. or other M.D.
Address Fiangua, Mo. Date signed 10-16-43

1203

(Licensed Embalmer's Statement on Reverse Side)

43-10-933

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 Ed Lewelmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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

If this body is not embalmed, fact should be so stated above.