V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4195

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 58

21
0
0

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Rural - Keytesville Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Miles S.E. of Keytesville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles S.E. of Keytesville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIE-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 Married
6. (b) Name of ~~husband~~ or wife Julia Welch
6. (c) Age of ~~husband~~ or wife if alive 67 years
7. Birth date of deceased June (Month) 25 (Day) 1875 (Year)

8. AGE: Years 68 Months 5 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Keytesville Twp. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name W. D. Welch
13. Birthplace Musselfork (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Amelia Cox
15. Birthplace Keytesville Twp. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Julia Welch
(b) Address Keytesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1st 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Asbury
18. (a) Signature of funeral director Wm. Garnett
(b) Address Keytesville Mo.
19. (a) 12/4/43 (Date received local registrar) (b) Rakeling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov 24, 1943 to Nov 29, 1943 that I last saw him alive on Nov 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. Myocarditis	Don't know
Due to	
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	Don't know

Major findings:
Of operations
Of autopsy

61

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 Carl C. Neger (M. D. ~~or other~~)
Address Keytesville, Mo. Date signed 12/1/43

(Licensed Embalmer's Statement on Reverse Side)

District File Number

Date Filed 12-14-43

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.