

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 1061

1. PLACE OF BIRTH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 421 North Pacific
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 96 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape Girardeau
(c) City or town Cape Girardeau, Mo 4
(If outside city or town limits, write "RURAL")
(d) Street No. 471 N. Pac
(If parcel give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELI M 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5 1847
(Month) (Day) (Year)

8. AGE: Years 96 Months 6 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retail

11. Industry or business _____

MOTHER FATHER
12. Name Daniel Welch
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Baker
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Matthay Welch
(b) Address Cape Girardeau Mo
17. (a) Buried (b) Date thereof 3-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont

18. (a) Signature of general director A. G. Howell
(b) Address Cape Girardeau Mo
19. (a) 3-20-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from March 12 1944 to March 14 1944
that I last saw him alive on March 14 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Haemorrhage Duration _____

Due to Atherosclerosis general
Due to _____

Other conditions myocarditis Ch
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 930

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Carl W. Zimmerman (M. D. or other)
Address Cape Girardeau Mo Date signed 3-16-44

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

16
34

RECEIVED

District Health Officer No. 4

District File Number 444-366

Date Filed 4-7-44

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.