

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

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town "RURAL" SISSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
PEACE VALLEY RT. 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community 7 MONTHS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL ⁴⁶

(c) City or town "RURAL" SISSON TWP. ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. PEACE VALLEY, MO. RT. 1 ⁰
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM ANDERSON 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, Infant

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

7. Birth date of deceased: SEPT. 24 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>2</u>	<u>8</u>	hr. _____ min.

9. Birthplace SISSON TWP. HOWELL Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name ALFRED WELCH

13. Birthplace HOMINY, OKLA.
(City, town, or county) (State or foreign country)

14. Maiden name VIDA JONES

15. Birthplace FANCHON, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant RV. I.E. HOLDEN

(b) Address PEACE VALLEY, Mo.

17. (a) BURIAL (b) Date thereof DEC. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEM. PEACE VALLEY, Mo.

18. (a) Signature of funeral director Hal Thompson

(b) Address WEST PLAINS, Mo.

19. (a) 12-29-44 (b) Arthur Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22,
year 1944 hour 10: minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: (Natural Causes)
Apparently a cold with
xxx a pneumonia condition. ^{few} ^{days.}

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 109:1
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? _____

While at work? _____ (Specify type of place) (c) Means of injury Coroner.

23. Signature Mayme C. Thompson ³
Address West Plains, Mo. Date signed 12/24/44

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..... *Hal Thomburg*
Licensed Embalmer No. *3408*
P. O. Address..... *West Plains, 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.