

FILED JUN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No. 19110

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
103 E. Marion  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Dr. William Buckingham 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 Arabella Ryerson 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased February 13 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>23</u>	hr. _____ min.

9. Birthplace Ypsilanti Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Vetinary Doctor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name A.S. Welch  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Hill  
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 5/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussing  
(b) Address Marshall, Mo.

19. (a) 5-12-46 (b) Wm T. Woodcock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 103 E. Marion  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour \_\_\_\_\_ minute 6 P.M.  
21. I hereby certify that I attended the deceased from March - 1946 to May 4, 1946; that I last saw him alive on May 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
The suppurative  
Due to the Nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 131X  
Of autopsy \_\_\_\_\_

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 name of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm T. Woodcock (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo. Date signed 5/14/46

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

17987

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 6-11-48

OCT 19 1949

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..... *J. Leslie Sussney*  
Licensed Embalmer No. 3235

P. O. Address..... *Marshall*

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.