S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30651

FILED SEP 18 1946

Registration District No. 13 Primary Registration District No. 3028 Registrar's No. 155

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1247 James St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DEASCED: 49

(a) State Missouri (b) County Jasper

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1247 James St. 3
(If rural, give location)

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

3. (a) PRINT FULL NAME ELZA JOHN 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

6. (b) Name of husband or wife Edna B. Poindexter Welch

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 15, (Day) 1891 (Year)

8. AGE: Years 55 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Lawrence County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Cutter

11. Industry or business

FATHER
12. Name Fred Welch
13. Birthplace X (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Mary Hood
15. Birthplace Miller, (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. E. J. Welch
(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 8-15-46 (Date received local registrar) (b) L. B. [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13, year 1946 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1946, to Aug. 13, 1946; that I last saw him alive on Aug 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 hour
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

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 0

23. Signature Charles H. Schell (M. D. or other) M.D.
Address 347 S. Main, Carthage, Mo. Date signed Aug 15, 1946

139 (Licensed Embalmer's Statement on Reverse Side)

46-8-723

OCT 28 1946

OCT 4 1946

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 Lemmer

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 with the above constitutes grounds for revocation of license.)

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