

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED NOV 19 1946
Registration District No. 2

Primary Registration District No. 6019

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
1 miles north of Rochester, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural Rochester Township
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile north of Rochester, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Edwin Welsh

3. (b) If veteran, name war none

3. (c) Social Security No. 493-18-2978

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1946 hour 7 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife May Welsh

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

7. Birth date of deceased: May 13 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-2, 1946 to 11-1-, 1946
that I last saw him alive on 10-26-, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death myocarditis on
mitral stenosis
mitral regurgitation
Due to endocarditis par-

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

9. Birthplace Monona Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings: _____
Of operations _____
Of autopsy Cholesterol

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin Welsh

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

14. Maiden name Mary Strong

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

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? _____

16. (a) Informant Mrs. Harry Wheeler

(b) Address Omaha, Nebraska

17. (a) removal (b) Date thereof 11/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebr.

18. (a) Signature of funeral director Heaton, B. Hale & Rowman

(b) Address St. Joseph, Mo.

19. (a) 11-5-46 (b) Lillian Sparks
(Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature B. D. Simmons (M. D. or other) _____
Address St. Joseph, Mo. Date signed 11/2/46

84112311

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, of by
....., Registered Apprentice No.
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 319 So 11th St. Joseph, 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.