

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 146

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 weeks
(Specify whether
 In this community 8 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gentry
 (c) City or town McFall
(If outside city or town limits, write "RURAL")
 (d) Street No. McFall, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alex N. Welch
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 27
 year 1947 hour 9 minute 23 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marie N. Welch
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased July 9 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 5 1947 to Jan 27 1947
 that I last saw him alive on Jan 27 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 6 Days 18
 If less than one day _____ hr. _____ min.

Immediate cause of death Stroke of cerebral artery to temporal lobe
 Due to stroke
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 94M

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Welch

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

14. Maiden name Elizabeth Newman

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

16. (a) Informant Mrs. Marie N. Welch

(b) Address McFall, Missouri

17. (a) Removal (b) Date thereof 1/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (a) Signature of funeral director Heaton & Burman

(b) Address St. Joseph, Mo.

19. (a) 2-3-47 (b) La La Jenkins
(Date received local registrar) (Registrar's signature)

Major findings: Of operations Complete report not available as yet
 Of autopsy _____

22. If death was due to external causes, 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 _____
 23. Signature Lo. Lessor (M.D. or other) _____
 Address St. Joseph Mo Date signed 1-27-47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

733 1/2 Ave. E.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South 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.