

Registration District No. **323**

Primary Registration District No. **4474**

Registrar's No. **11**

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

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town Sweet Springs  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
431 S Locust  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Saline **97**  
 (c) City or town Sweet Springs **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 431 S Locust street **0**  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JOSEPH HARRISON WELCH  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. ✓

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 5<sup>th</sup> day March  
 year 1947 hour 12:30 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Phebe J Welch 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased February (Month) 6 (Day) 1866 (Year)

21. I hereby certify that I attended the deceased from 25 FEB 1947 to 5 March 1947  
 that I last saw him alive on 5 March 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cardio-respiratory failure Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>27</u>	<u>✓</u> hr. <u>✓</u> min.

Due to Cerebral hemorrhage  
 Due to \_\_\_\_\_

9. Birthplace Winston Salem North Carolina  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Retired  
 12. Name Albert Welch  
 13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
 14. Maiden name Not known  
 15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations 83A  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Phebe J. Welch  
 (b) Address Sweet Springs Mo  
 17. (a) Burial (b) Date thereof 3-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Houstonia Missouri

**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

18. (a) Signature of funeral director Jessessawany  
 (b) Address Sweet Springs Mo  
 19. (a) 3/7/47 (b) Dale Andrew  
(Date received local registrar) (Registrar's signature)

23. Signature Joseph P. Doyle M.D.  
 Address Sweet Springs Date signed 3-7-47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-15-87

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 and

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Jessie H. Arvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.