

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

2
5
39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18713**
Registrar's No. **21**

Registration District No. **37**

Primary Registration District No. **5119**

1. PLACE OF DEATH:

(a) County **Boone**

(b) City or town **Centralia - (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)

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

In this community **Entire life**
years, months or days

3. (a) PRINT FULL NAME **Glenn Wayne Welch**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **499-30-6133**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **S U**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Jan - 8 - 1930**
(Month) (Day) (Year)

8. AGE: Years **18** Months **5** Days **8**
If less than one day hr. min.

9. Birthplace **Boone Co. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student, & Garage work.**

11. Industry or business _____

MOTHER, FATHER

12. Name **Glenn D. Welch -**

13. Birthplace **Boone Co. Missouri**
(City, town or county) (State or foreign country)

14. Maiden name **Gladys Marie Boore**

15. Birthplace **Boone Co. MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Claude Owens -**

(b) Address **Columbia, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **6/18/1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Centralia, Mo. Cemetery.**

18. (a) Signature of funeral director **Rene Ballou -**

(b) Address **Centralia, Missouri.**

19. (a) **June 18 - 1948** (Date received local registrar's)

Maud McBride (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Centralia**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
year **1948** hour **8** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Fractures multiple**

Duration _____

Due to _____

Due to **Auto wreck**

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy **1727**

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) **Accident 10**

(b) Date of occurrence **June 16 - 48**

(c) Where did injury occur? **Boone Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? _____ (2) Means of injury _____

23. Signature **Dwain J. Cronen**
Date signed **6/19/48**
Address **Columbia Mo.**

(Licensed Embalmer's Statement on Reverse Side)

Call with non calls.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 24 1948

JUN 24 1948

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 *Paul J. Ballew*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.