

Registration District No. **42**

Primary Registration District No. **1000**

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week** (Specify whether
In this community **Lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **3132 S. 15th St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Edward Eugene Welch**
(b) If veteran, name war **None**
(c) Social Security No. **491-09-9790**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **Jessie L. Welch**
(c) Age of husband or wife if alive **36** years
7. Birth date of deceased **February 28 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 22 hr. min.

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stationary Engineer**

11. Industry or business **Quaker Oats Co.**

12. Name **Herbert E. Welch**

13. Birthplace **Unknown Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosalee Gaghaen**

15. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herbert E. Welch**

(b) Address **2718 S. 24th St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Walter Meyerhoffer**

(b) Address **1946 Colburn St., St. Joseph, Mo.**

19. (a) **8-24-48** (b) **E. B. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **20**
year **1948** hour **2 am** minute **00** M.

21. I hereby certify that I attended the deceased from **8-12-48**
to **8-20-48**
that I last saw him alive on **8-19-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism**
Due to **Ruptured Appendix**
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **Ruptured Appendix**
Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **L**
(b) Date of occurrence **8-20-48**
(c) Where did injury occur? **St. Joseph, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature **P. L. Ferguson**
Address **8015 Maricopa St.** Date signed **8-30-48**
St. Joseph, 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, ~~or by~~.....

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

Signed.....

Raymond T. Peres

Licensed Embalmer No. 4413 Missouri

P. O. Address. St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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