AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25624
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 562
(c) or City SPRINGFIELD — (d) Street No. 2023 N. DOUGLAS St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN WILLIAM WELCH
(a) Residence, No. 2023 N. DOUGLAS St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: FLORA WELCH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 13, 1859
7. AGE: ✓ YEARS: 79 MONTHS: 8 DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: MINISTER
9. Industry or business in which work was done, as saw mill, bank, etc.: ASSEMBLY OF GOD CHURCHES
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SENECA NEW YORK

FATHER
13. NAME: WILLIAM WELCH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW YORK

MOTHER
15. MAIDEN NAME: EMALINE SPONNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ROCKFORD ILL.

17. INFORMANT (ADDRESS): Flora Welch Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MAPLE PARK DATE: JULY 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. KLINGNER & Co. SPRINGFIELD MO.

20. FILED: July 17, 1939 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1939, to July 14, 1939
I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Age	
General debility	Jan. 1st
Indigestion acute	

Other contributory causes of importance:
Heart failure apnea
Death.

Name of operation: None Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury —, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify No
(Signed) Walter W. Beck, D.C.
(Address) 580 E. Elm

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield M

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

If this body is not embalmed, above space should be left blank.