. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10250

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 331

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

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2401 - Sacramento St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Four Mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Gentry
(c) City or town Stanberry MO (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Henry Welch 420
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife (no Information obtainable) 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar (Month) 17 (Day) 1856 (Year)

8. AGE: Years 84 Months 0 Days 7 If less than one day ✓ hr. ✓ min.

9. Birthplace ? (City, town, or county) New York (State or foreign country)
10. Usual occupation retired
11. Industry or business Stock Buyer
FATHER 12. Name Martin Welch
13. Birthplace ? (City, town, or county) N.Y. (State or foreign country)
MOTHER 14. Maiden name [illegible]
15. Birthplace [illegible] (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Gladys Miller
(b) Address San Antonio Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 26 (Day) 1940 (Year)
(c) Place: burial or cremation Stanberry MO
18. (a) Signature of funeral director Laton H. Phillips
(b) Address Stanberry MO
19. (a) 3/24/40 (Date received local registrar) (b) H. J. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1940 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 30, 1939, to Mar 24, 1940 that I last saw him alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Heart Disease	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death) 92 W	
Major findings: Of operations ✓	
Of autopsy ✓	

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) ✓
(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? 85 (Specify type of place)
While at work? (e) Means of injury
23. Signature W. T. Elam (M. D. or other)
Address Ashland Court Saint Joseph MO Date signed 3/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.