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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10542**

ED APR 28 1941

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 32

33  
1  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Deuth

(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Linn

(c) City or town Salem  
(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. 0 years.

3. (a) PRINT FULL NAME Albert Sidney Welch

8. (b) If veteran, \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1941 hour \_\_\_\_\_ minute 4:10 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Welch 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 29 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3 1941, to March 28 1941; that I last saw him alive on March 28 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Myocardial Labor (R+L) 1941

Due to \_\_\_\_\_

9. Birthplace Deuth Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to Influenza

Other conditions yes  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Welch

18. Birthplace Wheley Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Howell

15. Birthplace Shannon Co. Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations yes

Of autopsy yes

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Calvin Welch

(b) Address Salem Mo

17. (a) burial (b) Date thereof 3-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Mo

18. (a) Signature of funeral director Robert Stanton

(b) Address Salem Mo

19. (a) 3-31-41 (b) A. E. Smith  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place)

Means of injury fall

23. Signature A. E. Smith (M. D. or other) \_\_\_\_\_

Address Salem Mo Date signed 3-31-41

RECEIVED

District Health Officer No. 5,

District File Number 441511

Date Filed \_\_\_\_\_

**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.....

A. D. Hobson....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. D. Hobson.....

Licensed Embalmer No. 928

P. O. Address Salem 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, above space should be left blank.