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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8
Registrar's No. 25

Registration District No. 2

Primary Registration District No. 205

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 W. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. 512 W. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME GEORGE H. Welch

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced, widower

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

7. Birth date of deceased November 18 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Saco Maine
(City, town, or county) (State or foreign country)

10. Usual occupation Produce Dealer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carl H. Welch

(b) Address 1015 E. 27th Kansas City, Mo

17. (a) Savannah (b) Date thereof May 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director J. Paul Terburn
(b) Address Savannah Ga

19. (a) May 5 1941 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day third
year 1941 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 7th
1941 to May 3rd 1941;

that I last saw him alive on May 3rd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Involvement
from pressure of fluid

Due to Enlarged prostate
and swelling of legs & body

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? 934

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. C. Hoshov (M. D. or other) D

Address Savannah Mo Date signed 5-5-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

J. Fred Terhune

Licensed Embalmer No. *1279*

P. O. Address. *Savannah*

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

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