

FILED JUL 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **21783**Registration District No. **359**Primary Registration District No. **4212**Registrar's No. **8**

## 1. PLACE OF DEATH:

(a) County **Hickory**  
 (b) City or town **Weaubleau**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **/**  
 (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)

3. (a) PRINT  
FULL NAME **George Washington Welsh**3. (b) If veteran, name war..... 3. (c) Social Security' No. **None**

4. Sex **Male (1)** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **Aug. 23 1866**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>6</b>	<b>10</b>	.....hr. ....min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **John Welsh**13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)14. Maiden name **Lizzie Kessler**15. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)16. (a) Informant **Rose B. Welsh**(b) Address **Humansville, Mo.**17. (a) **Burial** (b) Date thereof **Mar. 6, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Kings Prairie**18. (a) Signature of funeral director **Joseph & Firestone**(b) Address **Humansville, Mo.**19. (a) **77-41** (b) **June O'Connor**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Hickory** **43**  
 (c) City or town **Weaubleau** **IT**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... **J**  
 (If rural, give location)  
 (e) Citizen of foreign country? **J** (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5**  
year **1941** hour **2** minute **R. M.**21. I hereby certify that I attended the deceased from **February 28**  
**1941** to **March 5 1941**  
that I last saw him alive on **March 5 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary Occlusion**

Duration

Due to.....

Due to..... **94 N**Other conditions  
(Include pregnancy within 3 months of death)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?  
**320** (Specify type of place) While at work? **J** (e) Means of injury.....

23. Signature **W. R. Easton** (M. D. or other) **W. O.**  
Address **Weaubleau, Mo.** Date signed **March 6 1941**

(Licensed Embalmer's Statement on Reverse Side)

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

2  
-41  
-39

K28390

RECEIVED

District Health Officer No. 7;

District File Number 7-41-1176

Date Filed 2-14-41

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.....

Charles Herbert Hataway, Registered Apprentice No. 269  
working under my personal supervision.

Signed.....

Ralph A. Joseph  
Licensed Embalmer No. 3179

P. O. Address Humansville

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, fact should be so stated above.