

FILED DEC 10 1941

Registration District No. 275

Primary Registration District No. 6162

Registrar's No. 336

I. PLACE OF DEATH:

(a) County Webster  
(b) City or town Washington MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp #3 Nevada Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 yrs 4 mos 7 days  
(Specify where) 2  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME GRANT Welch

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Unknown g  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Unknown g  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant State Hosp #3

(b) Address Nevada, Missouri

17. (a) Burial (b) Date thereof 11-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Non-pitd cemetery

18. (a) Signature of funeral director Hay Funeral Service

(b) Address Nevada Mo

19. (a) Nov 29-1941 (b) Allen V. Hayes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 108  
(c) City or town Rural 0  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 29  
year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from September 1, 1941, to November 29, 1941, that I last saw him alive on November 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Senility & Senile Dementia

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

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

23. Signature B. N. Jolly (M. D. or other) M.D.  
Address State Hosp #3 Nevada Date signed 11/29/41

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

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

RECEIVED

District Health Officer No. 7

District File Number 12-41-1988

Date Filed 12-8-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ <sup>not embalmed</sup> by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Allen E. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.**