

FILED FEB 10 1942

Registration District No. _____

Primary Registration District No. 5373

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County DeWitt
 (b) City or town Franklin Rural Jwn
 (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 83 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stevens Edward Welch

8. (b) If veteran, name war _____ 8. (c) Social Security No.

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

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

7. Birth date of deceased 1-18-1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	10	4	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John William Welch

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

14. Maiden name McWilson

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

16. (a) Informant Ed Welch

(b) Address Salmon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation Cross

18. (a) Signature of funeral director Robert Franklin

(b) Address Salmon, Mo.

19. (a) Ward (Deter received local registrar) (b) W. H. Weather (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt
 (c) City or town Rural Franklin Township (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
~~1941~~ 1941 hour _____ minute 10:10 P.M.

21. I hereby certify that I attended the deceased from Nov 12 1941 to Nov 21 1941; that I last saw him alive on Nov 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death arterio Sclerosis

Due to arterio Sclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration
24 hrs

24 hrs

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? _____

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

23. Signature W. H. Weather (M. D. or other)

Address Salmon Date signed Nov 24 1941

RECEIVED

District Health Officer No. 5,

District File Number 14211

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Max L. Waibel

Licensed Embalmer No. 4170

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.