

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15780

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 221

Primary Registration District No. 4553

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston Mo  
(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 Henry Jesse Welsh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Welsh

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 12 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Undertaker

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

MOTHER FATHER { 12. Name Norvel W. Welsh

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

14. Maiden name Annie Morrison

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

16. (a) Informant Myrtle Welsh

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 3-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Willard Estes

(b) Address Case Girardeau, Mo.

19. (a) 4-1-42 (b) W. B. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 250 N. Kingshighway 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 1940  
19 \_\_\_\_\_ to Mar 26 1942  
that I last saw him alive on Mar 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Coronary occlusion 30 min

Due to Chronic myocarditis 5 yr.  
Due to essential hypertension 5 yr.

Other conditions Angina Pectoris  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93d

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? \_\_\_\_\_

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

23. Signature Walter M. [Signature] (M. D. or other) U  
Address Sikeston Mo Date signed 3/29/42

1034

RECEIVED

District Health Office No. 2

District File Number 442-404

Date Filed 4-10-42

**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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Osage Sheridan 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, fact should be so stated above.**