

FILED JUN 18 1942
547

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18494

Registration District No.

Primary Registration District No. 3029

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 9 weeks
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 929 Mark Twain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1942 hour 12 minute - none M.
21. I hereby certify that I attended the deceased from March 25
1942, to April 25, 1942;
that I last saw him alive on April 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Duration _____

Due to Chronic Rheumatic heart disease
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN G. J. J.
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? _____ (Specify type of place)
(e) Means of injury D

23. Signature B. L. Murphy (M. D. or other)
Address Hannibal, Mo. Date signed 4/27/42

3. (a) PRINT FULL NAME John Cleo Welch

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

4. Sex Male 5. Color or race white 6. (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 October 3 1924
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business Junior High School

12. Name John Henry Welch

13. Birthplace Randolph County, Missouri
(City, town or county) (State or foreign country)

14. Maiden name Leota Justus

15. Birthplace Andrew County, Missouri
(City, town or county) (State or foreign country)

16. (a) Informant John H. Welch

(b) Address 929 Mark Twain, Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Ray O. Schwartz

(b) Address 1000 Olive, Hannibal, Mo.

19. (a) 4/29/42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

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

MOTHER FATHER

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.....

Roy P. Schwartz

Licensed Embalmer No. *1763*

P. O. Address *1000 Ady, Xenia, 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.