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M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19239

FILED JUN 8 1942

Registration District No. 859 Primary Registration District No. 6128 Registrar's No. 22

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

106
1
0

1. PLACE OF DEATH:
(a) County TANEY
(b) City or town BRANSON, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 YRS 6 mo 27 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TANEY 106
(c) City or town BRANSON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELENOR H. WELSH
3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband ~~or wife~~ CHARLES WELSH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 12 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days 1 If less than one day hr. min.

9. Birthplace STEVENS POINT (City, town, or county) 1 WISCONSION (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name THOMAS FRANKLIN HALL
13. Birthplace STEVENS POINT (City, town, or county) WIS. 1 (State or foreign country)
MOTHER
14. Maiden name RACHEL A EDDMINISTER
15. Birthplace STEVENS POINT (City, town, or county) WIS. 1 (State or foreign country)
16. (a) Informant ANNA HALL
(b) Address BRANSON, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 14 (Month) (Day) (Year)
(c) Place: burial or cremation Branson Mo
18. (a) Signature of funeral director Minnie L. Whelchel
(b) Address Branson Mo
19. (a) May 14-42 (Date received local registrar) (b) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13 year 1942 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from MARCH 12, 1942, to MAY 13, 1942 that I last saw HER alive on MAY 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS SINCE 1940
Due to MITRAL INSUFFIENCY FROM STENOSIS
Due to CHRONIC NEPHRITIS
Other conditions CARCINOMA OF RECTUM
(Include pregnancy within 3 months of death)
Major findings: Of operations NONE
Of autopsy

Duration

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

46d

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 2
23. Signature Paul E. Roberts (M.D. or other) D.O.
Address Branson, Mo Date signed May 13, 1942

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-768
Date Filed JUN 5 1942

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 Minnie L. Wheelahel

Licensed Embalmer No. 2277

P. O. Address Brunson

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.