

S. No. 2  
OM-2-43  
5-17-39  
I X 3589

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18913

State File No. \_\_\_\_\_

FILED JUN 9 1943

Registration District No. 316

Primary Registration District No. 6075-

Registrar's No. 269

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Francois Township  
(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 years, months or days)

3. (a) PRINT FULL NAME Louis WELCH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male Color or race White

5. Color or race White

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

6. (b) Name of husband or wife Mary Bray

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

7. Birth date of deceased Oct. 11 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Day Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Richard Welch

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

14. Maiden name Tempa Smith

15. Birthplace Franklin Co. Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Welch

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cem. Delaware, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) May 20-1943 (Date recorded local registrar) (b) Byndie Bukhmetov (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 43 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 19 1943 to May 19 1943  
that I last saw him alive on May 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile  
Atherosclerosis

Due to Malnutrition

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

Other conditions (Include pregnancy within 3 months of death) 97

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 Rapphury (M. D. or other)

Address Farmington Date signed 5-19-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1196

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4  
District File Number 643-2268  
Date Filed 6-5-43

208

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**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 Earl J. Miller  
Licensed Embalmer No. 3753  
P. O. Address. Farmington, 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.**