S. No. 2
M—2-43
5-17-30
I X35807

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20913

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 649

1. PLACE OF DEATH:
(a) County: Buchaan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days) In this community 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 38
(c) City or town: Albany (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: CHESTER WILLIAM WELCH
3. (b) If veteran, name war: none
3. (c) Social Security No. none
4. Sex: male O
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Carrie Welch
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: July (Month) 27 (Day) 1889 (Year)

8. AGE: Years 53 | Months 10 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace: Albany (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Frank Welch
FATHER 13. Birthplace: Albany (City, town, or county) Missouri O (State or foreign country)
MOTHER 14. Maiden name: Frances Newman
MOTHER 15. Birthplace: Albany (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant: Mrs C W Welch
(b) Address: Albany, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Mo.
18. (a) Signature of funeral director: Gibson Bros Bauman
(b) Address: St. Joseph, Mo.
19. June 11 1943 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from 6-7-43, 19__, to 6-11-43, 19__; that I last saw him alive on 6-11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration: 5 years.
Due to: 938
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None. Of autopsy: None

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: Paul Jorgensen O (M. D. or other)
Address: St Joseph, Mo Date signed 6-11-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.