

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

40
1
2

FILED JUN 18 1943

Registration District No. **132**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County **Sturdy**
(b) City or town **Trenton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1913 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **73-1-23** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**, (b) County **Sturdy**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Richard Edward 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 **Married**
6. (b) Name of husband or wife **Stella Welch** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **April 15 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Sturdy Co. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Blair Welch**

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

14. Maiden name **Phoebe Rupert**

15. Birthplace **Missouri MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Carl Doehler**

(b) Address **Trenton MO**

17. (a) **Burial** (b) Date thereof **June-10-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tex Am Sturdy Co MO**

18. (a) Signature of funeral director **Scholar's funeral Home**

(b) Address **Spickard 2225**

19. (a) **6-12-43** (b) **L. Roberts**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1943** hour **8** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **June 1 1943** to **June 8 1943**
that I last saw him alive on **June 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of inguinal glands**

Due to _____
Due to _____
Other conditions **552**
(Include pregnancy within 3 months of death)

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 **[Signature]** (M. D. or other)
Address **[Address]** Date signed **6/11/43**

Duration **12**
7 mos
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 22 1943

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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.