

FILED JUL 24 1943 310-128

Registration District No. ....

Primary Registration District No. 2000

Registrar's No. 557

1. PLACE OF DEATH: GREENE  
 (a) County GREENE  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Burge Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hours  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Polk 84  
 (c) City or town Bolivar Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt # 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Clyde W. Welsh

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 10th year 1943 hour 9 minute 05 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

21. I hereby certify that I attended the deceased from July 10 1943 to July 10 1943

6. (b) Name of husband or wife: Mary Welsh 6. (c) Age of husband or wife if alive 40 years

that I last saw him alive on July 10 1943 and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 4 1902 (Month) (Day) (Year)

Immediate cause of death: Hemorrhage from bowel

8. AGE: Years 41 Months 0 Days 6 If less than one day hr. min.

Due to: presumably peptic ulcer

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

Due to: 119a

10. Usual occupation: Farmer

Other conditions: a pituitary disturbance (Include pregnancy within 3 months of death)

11. Industry or business

somewhat like acromegaly

12. Name: Thomas Welsh

Major findings: Of operations

13. Birthplace: Unk. Missouri (City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name: Rena D. Williams

15. Birthplace: Unk. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Gray B. Hendrix

(b) Address: Buckners Mo.

17. (a) Removal (b) Date thereof: July 10 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Bolivar Mo.

18. (a) Signature of funeral director: [Signature]

(b) Address: Bolivar, Missouri

19. (a) 7-16-43 (b) 5-22-43 (Date received local registrar) (Registrar's signature)

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: Guy D. Callaway (M. D. or other) MD

Address: Springfield Mo. Date signed: 7/14/43

Duration
3d.
5477
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

39  
2  
6

AUG 4 1948

---

---

**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 *Richard B. Erwin*  
Licensed Embalmer No. *3092*  
P. O. Address *Palmar, 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.**