

S. No. 2
M-9-4-41
v. 5-17-39
P-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41524

FILED JAN 13 1945

Registration District No. 183

Primary Registration District No. 5691

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Laclede Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) all his life

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CECIL WELSH

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 Lula McKisson Welsh 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 26 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander A. Welsh
13. Birthplace Glenoe Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Grace McRay
15. Birthplace Glenoe Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd B. Welsh
(b) Address Laclede Mo

17. (a) Burial (b) Date thereof 12-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laclede Cem.

18. (a) Signature of funeral director W. G. Thorne
(b) Address Laclede Mo

19. (a) 12-29-44 (b) Mrs. Virginia Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____
_____ 1944 to Dec. 27 1944
that I last saw him alive on Dec. 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Chronic myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations AS
Of autopsy _____
PHYSICIAN _____

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 D. H. Lane (M. D. or other) MD
Address Laclede Mo. Date signed 1-1-45

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

580

494

(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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. G. Shaw

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.