

FILED MAY 16 1945
Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Billcothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1112 Clay st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston
(c) City or town Billcothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1112 Clay
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROY WELCH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn Smith (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec. 11 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

12. Name John P Welch
13. Birthplace Shelby Co, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Joseph Williams
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Welch
(b) Address Billcothe, Mo.
17. (a) Burial (b) Date thereof 4-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton Mo.

18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo.
19. (a) Apr 10 (b) LoV Kline Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 6 1945 to Apr 13 1945
that I last saw him alive on Apr 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Chr. Myocardites

Other conditions Bronchial Asthma
(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 D. Dowell (M. D. or other) _____
Address Billcothe Mo. Date signed 7/16/45

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

OCT 15 1945

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

5461 61 AREA
OCT 19 1945

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Md

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.