

FILED FEB 27 1946
Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **ten days**
(Specify whether years, months or days)
In this community **forty years**

3. (a) PRINT FULL NAME

Jefferson Elliott Welch

3. (b) If veteran, name war **none**

3. (c) Social Security No. **491-07-4859**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Ada Ragsdale Welch** 6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **August 1, 1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **22** If less than one day hr. min.

9. Birthplace **Warrensburg, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Produce company**

11. Industry or business

12. Name **Martin Welch**
13. Birthplace **Warrensburg, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Murray**
15. Birthplace **Lone Jack, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harvey Welch**
(b) Address **409 E. Gordon, Marshall, Mo.**
17. (a) **Burial** (b) Date thereof **1/25/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill, Warrensburg, Mo.**

18. (a) Signature of funeral director **Diane Ewing**
(b) Address **Sedalia, Mo.**

19. (a) **1/25/46** (b) **G. G. Campbell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **416 1/2 West Broadway**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23**
year **1946** hour **10:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **1-13-46** to **1-23-46**
that I last saw him alive on **1-23-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis**
Due to **Nephroclerosis**
Due to
Other conditions **Chronic myocarditis, Cerebral thrombosis, Terminal hypertensive pneumonia**
Major findings:
Of operations
Of autopsy **1310**
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?

While at work (Specify type of place) (e) Means of injury
23. Signature **J. M. Redeman** (M. D. or other) **M.D.**
Address **Sedalia, Mo.** Date signed **1-24-46**

25 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-6-46

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

Licensed Embalmer No.

P. O. Address

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.