

No. 2  
-8-43  
-17-39  
x376

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 12 1946  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5382  
State File No. \_\_\_\_\_  
Registrar's No. 30

Primary Registration District No. 2023

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 hours  
(Specify whether  
In this community 60 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 527 S Orchard  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gertrude Welch  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 9  
year 46 hour 10 minute PM  
21. I hereby certify that I attended the deceased from 6 Feb 1946 to 9 Feb 1946  
that I last saw him alive on 9 Feb 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 8 1874  
(Month) (Day) (Year)

Immediate cause of death myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Asthma  
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Dresden Ohio  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93e  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Robert J Welch  
13. Birthplace Wamsutter Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy E Guerin  
15. Birthplace Dresden Ohio  
(City, town, or county) (State or foreign country)  
16. (a) Informant Haller Welch  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 2-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director Consolus + Peas  
(b) Address Clinton Mo  
19. (a) 2-9-46 (b) R H Henry  
(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 place of place) (Means of injury) 2-9-46  
23. Signature James Smith (M. D. or other) 2-9-46  
Address Clinton Mo Date signed \_\_\_\_\_

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

120

MAR 22 1946

Date Filed

License No. 74  
2-56-2-2-3  
3-11-46

**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 J. E. Consalor  
Licensed Embalmer No. 1891  
P. O. Address Clinton 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.