. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5326

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6359

FILED MAR 12 1946

Registration District No. 179 Primary Registration District No. 56-67-4287 Registrar's No. 10

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57
(c) City or town TROY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES AKMAN WELCH

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

4. Sex MALE O
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEEDIE WILLIAMS WELCH
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MAY (Month) 25 (Day) 1863 (Year)

8. AGE: Years 82 Months 9 Days 0 If less than one day hr. min.

9. Birthplace VERNON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation INTERIOR DECORATOR
11. Industry or business SELF-EMPLOYED
FATHER
12. Name JAMES S. WELCH
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name JANE NORTHCUTT
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS LEEDIE WELCH
(b) Address TROY, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Troy City Cemetary
18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri
19. (a) 2-28-1946 (Date received local registrar) (b) Mrs. Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28 year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March, 1944, to ~~March~~ Feb. 28, 1946 that I last saw him alive on Feb. 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature D. V. E. Alhoh (M. D. or other) DO
Address Troy, Mo Date signed 2/28/46

162 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.