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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1946

State File No. 8410

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4

(c) City or town Mexico (If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME TERRY EUGENE WELCH

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 27 - 46 (Month) (Day) (Year)

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace Mexico Audrain Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Floyd Welch
13. Birthplace Smith County Kansas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie Eldora Thomas
15. Birthplace Howell Co. Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Welch

(b) Address Vandalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director Glen Smith

(b) Address Vandalia, Mo.

19. (a) Feb 1-46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan 27, 1946 to Feb 1, 1946 that I last saw him alive on Jan 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intracranial Hemorrhage	5 days
Due to Maternal abdominal Pressure	
Due to Excess of Maternal amniotic Fluids	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1600
Of autopsy

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 7

23. Signature R B Baize (M. D. or other) 00

Address Laddonia, Mo. Date signed 2-1-46

9 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-162
Date Filed MAR 13 1946

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 [illegible]

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.