

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34169**
Registrar's No. **329**

FILED Oct 24 1946
Registration District No. **209**

Primary Registration District No. **3043**

1. PLACE OF DEATH:

(a) County Marion county
 (b) City or town Hannibal, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Elizabeth Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Three days
 In this community Fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby **102**
 (c) City or town Shelbina **2**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Marion Welch
 3. (b) If veteran, name war. X 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
 year 1946 hour 6 minute 15 P. M.
 21. I hereby certify that I attended the deceased from Oct 6 to Oct 8 1946
 that I last saw him alive on Oct 5 1946
 and that death occurred on the date and hour stated above.

4. Sex Male **0** 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah Margaret 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased May 5th 1878
 (Month) (Day) (Year)

Immediate cause of death _____
Angina Pectoris
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 68 Months 5 Days 4 If less than one day hr. _____ min. _____

Major findings: none **94B**
 Of operations _____
 Of autopsy me
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Plymouth Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

11. Industry or business _____
 12. Name Joseph C. Welch
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Smith
 15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Welch
 (b) Address Shelbina, Missouri
 17. (a) Burial (b) Date thereof 10-10-1946
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shelbina, Mo.

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) _____
 Means of injury _____
 23. Signature J. H. ... (M. D. or other) _____
 Address 101 ... Date signed 10-11-46

18. (a) Signature of funeral director Million & Barkleew.
 (b) Address Shelbina, Mo.
 19. (a) 10-16-46 (b) Dr E M ...
 (Date received local registrar) (Registrar's signature)

189 (Licensed Embalmer's Statement on Reverse Side)

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

32936

MAR 29 1949

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.....

W. Hawkins

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Vt*

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.