

S. No. 2
-12-45
5-17-39
I X47070

FILED OCT 20 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1228

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years 5 months 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Not given
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HUBERT O. WELCH
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 11
year 1947 hour 9 minute - P. M.
21. I hereby certify that I attended the deceased from
1-1-1947 to 10-11-1947
that I last saw him alive on 10-11-1947
and that death occurred on the date and hour stated above.

4. Sex Male 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

Immediate cause of death
Chronic Pulmonary tuberculosis
Due to _____

8. AGE:	Years	Months	Days	If less than one day
<u>37</u>	<u>6</u>	<u>23</u>		hr. min.

Other conditions Psychosis
(Include pregnancy within 3 months of death)
Due to _____

9. Birthplace Woodhall Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Duration 10 years
9 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming
11. Industry or business Agriculture
12. Name Waldon Welch
13. Birthplace Chariton Missouri
(City or town or county) (State or foreign country)
14. Maiden name Rose Melitney
15. Birthplace Woodhall Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Welch
(b) Address Keytesville Mo.
17. (a) Removal (b) Date thereof 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville, 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? _____

18. (a) Signature of funeral director Horton Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-16-47 (b) G. H. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Robert Thomas (M. D. certifier)
Address State Hospital No. 2 Date signed 10-11-47

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

MOTHER, FATHER

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 South St. Joseph, 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.