. S. No. 2
M—8-43
. 5-17-39
I X37823

14
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4155

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No T 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Beaman R #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unk 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence J. Welch
3. (b) If veteran, name war
3. (c) Social Security No. Unk
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Mary C. Welch
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Sept (Month) 22 (Day) 1891 (Year)

8. AGE: Years 56 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Wright County (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name D. L. Welch 1
13. Birthplace (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name Rachel C Gark 4
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant State Hospital No T
(b) Address Fulton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Webster City, Ia
18. (a) Signature of funeral director Foster Funeral Home
(b) Address Webster City Iowa
19. (a) 2-19-48 (Date received local registrar) (b) Josie Morsin Kluff (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1948 3 hour 45 minute A. M.
21. I hereby certify that I attended the deceased from 6 Feb, 1948, to 18 Feb, 1948
that I last saw him alive on 18 Feb, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Glioma Left Cerebral Hemisphere

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

54A

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 0

23. Signature G. S. Warach (M. D. ~~or other~~)
Address Fulton Date signed 18 Feb 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/2/48

FEB 16 1954

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 Dury A Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelburn 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.