FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25222

Registration District No. 354 Primary Registration District No. 6200 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Mtn. Grove Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (Morris Township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas 107
(c) City or town Mtn. Grove Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (Morris Township) 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Whitley Taylor Welch
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lois Greenley
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased November (Month) 5 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	2	hr. min.

9. Birthplace Cookville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James A. Welch
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Thompson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Avery Welch
(b) Address Mtn. Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery
18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove Mo.
19. (a) Aug 2, 48 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature) 3/25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1948 hour 3:35 minute P. M.
21. I hereby certify that I attended the deceased from June 2 — 1948 to June 7 — 1948
that I last saw him alive on June 6 — 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

5 B

PHYSICIAN
Underline the cause of 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
23. Signature R. W. Fleming M.D. (M. D. or other)
Address Mtn. Grove Mo. Date signed 6-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number
Date Filed JUL 2 1948

District Health Officer No. 6
District File Number 84851
Date Filed 8-10-48

RECEIVED 8-9-48

AUG 12 1948

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.