

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

1906
39
47
300

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25436**
Registrar's No. **79**

Registration District No. **187**

Primary Registration District No. **3005**

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
Butler Memorial Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates **7**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles East on I8 Highway **0**
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lillism Welch

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour _____ minute 1:45 P.M.

21. I hereby certify that I attended the deceased from Aug. 28
1948 to Aug. 29 1948

4. Sex M **0**

5. Color of hair brn

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Welch

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 14 1870
(Month) (Day) (Year)

that I last saw him alive on Aug. 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **Duration**

8. AGE: Years 78 Months 0 Days 16
If less than one day hr. _____ min. _____

Due to Hypertension and Arteriosclerosis

Due to _____

9. Birthplace Macon Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

10. Usual occupation Blacksmith

Of autopsy _____

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

11. Industry or business _____

12. Name Joseph Welch **9**

13. Birthplace Dont KNOW **9**
(City, town, or county) (State or foreign country)

14. Maiden name white

15. Birthplace Dont know Ohio **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Hedges
(b) Address Adrian Mo.

17. (a) Removal (b) Date thereof 9 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Greenlawn cemetery

(b) Address Missouri

19. (a) 9-1-1948 (b) Kendall Perry
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) _____

Address Adrian, Mo. Date signed 8-30-48

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1021

Date Filed 9-6-48

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.....

Frank H. Death....., Registered Apprentice No. 3343
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3650

P. O. Address. Adrian, 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.