No. 2
1-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1940 85
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21269

Primary Registration District No. 1001

Registrar's No. 674

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

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: St.Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 16 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St.Joseph (If outside city or town limits write "RURAL")
(d) Street No. 2520 St.Joseph Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ______ years.

3. (a) PRINT FULL NAME Mayo Edward Welch 420

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Welch
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased May (Month) 30 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
39	0	20	hr. min.

9. Birthplace Parsons (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Bar & Cafe Operator
11. Industry or business Own Business

FATHER
12. Name Tonie K.Welch
13. Birthplace Humbolt (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Nora Yawman
15. Birthplace Unknown (City, town, or county) Minnesota (State or foreign country)

16. (a) Informant Mrs. Gladys Welch
(b) Address 2520 St.Joseph Ave.St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemt.
18. (a) Signature of funeral director Herman W. Meierhofer
(b) Address 1802 Union Str. St.Joseph, Mo.
19. (a) June 21 1940 (Date received local registrar) (b) H J Westerbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1940 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from June 5, 1940, to June 20, 1940
that I last saw him alive on June 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chr. — Duration 2 yrs +
Due to ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to 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

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23. Signature L. N. Fuson (M. D. or other) M.D.
Address St. Joseph Mo Date signed 6-21-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.