

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

Rev. 5-17-39
I 3301

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7087
Registrar's No. 33

Registration District No. 431

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 700 W. Gay St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna Elizabeth Welborn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb - 29 day year 1940 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 - 1940 to Feb 29 1940; that I last saw her alive on 2-29-40, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam D. Welborn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan - 24 1872 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 3 weeks
Due to arteriosclerosis ?
Due to _____ 94%
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 68 Months _____ Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Marshall Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

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

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Beggs
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature Dewey Welborn
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar - 2 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Knox Cemetery Mo.
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) March 2 - 40 (Date received local registrar) (b) Coal Sentry (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
28. Signature R. M. Kinney (M. D. or other) 1-40
Address Warrensburg Mo Date signed _____

RECEIVED
District Health Officer No. 8,
District File Number 3/6/70
Date Filed 3/6/70

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.....

R. A. Phillips, Registered Apprentice No. ~~2320~~
working under my personal supervision.

Signed R. A. Phillips
Licensed Embalmer No. 2320
P. O. Address Warrensburg
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, above space should be left blank.