DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35911

Registration District No. 827 Primary Registration District No. 5801 Registrar's No.

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

1. PLACE OF DEATH:
(a) County New Madrid Co
(b) City or town Silkeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — Ernst Bros
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 1908 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Silkeston
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) ~~If foreign~~ born, ~~how long~~ in U. S. A.? years.

3. (a) PRINT FULL NAME Roscoe Henry Weltcke
3. (b) If veteran, name war World war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) ~~Single, widowed, married,~~ divorced
6. (b) Name of husband or wife Hazel Bank W.
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept. (Month) 8 (Day) 1887 (Year)

8. AGE: Years 53 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Jackson, Mo. (City, town or county) 0 (State or foreign country)
10. Usual occupation Contractor 0
11. Industry or business 0
MOTHER FATHER
12. Name Fredrick Weltcke 1
13. Birthplace ~~Carylon~~ (City, town, or county) Mo. (State or foreign country)
14. Maiden name Carylon W.
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Paul Jones
(b) Address Silkeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 40 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Mo.
18. (a) Signature of funeral director Arden Ellis
(b) Address Silkeston Mo.
19. (a) 11-6-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 8:30 minute a M.
21. I hereby certify that I attended the deceased from 7-11, 1939, to 1-4, 1940;
that I last saw him alive on 1-4, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic secondary anemia.	7 yrs
Due to Malnutrition mental deterioration	
Due to	
Other conditions Alcoholism (Chr) and Malnutrition. (Include pregnancy within 3 months of death)	2 years

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
23. Signature Thomas C. McClure (M. D. or other)
Address Silkeston, Mo Date signed 11-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 140-16
Date Filed 11/7/40

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 W. H. Estes, Registered Apprentice No. ..... working under my personal supervision.

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.