No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21332

FILED JUL 12 1941

Registration District No. 121 Primary Registration District No. 3009 Registrar's No. 230

1. PLACE OF DEATH:

(a) County Cape

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

(c) Name of hospital or institution:
St. Francis Hosp. 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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape 16

(c) City or town Cape Giradeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 315 South Middle St. 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hercella Welker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Welker

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

7. Birth date of deceased Nov. 15, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	29	hr. min.

9. Birthplace Patton (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Joseph Pair
13. Birthplace Sedgewickville (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Wilson
15. Birthplace Patton (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant James Welker
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemt.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 6-16-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 20 1941 to June 14 1941;
that I last saw her alive on June 14 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Uterus — Duration approx 18 mo.

Due to 48

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Operated upon at Barnard Skin of Cancer Hospital St Louis
Of autopsy No autopsy permitted.

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 George H. Welker (M. D. or other)
Address Cape Girardeau Mo Date signed 6/16/41

(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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Cape Girardeau

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

If this body is not embalmed, fact should be so stated above.