

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

Rev. 5-17-39

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 NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34567**

Registration District No. **124**

Primary Registration District No. **5183**

Registrar's No. **40**

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Millersville R.F.D. Mo
(c) Name of hospital or institution Rural (Whitewater Gap)
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
In this community About 68 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Millersville R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (Whitewater Gap)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 8 years.

3. (a) PRINT FULL NAME JAMES BENNETT WELKER
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Welker
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased February 26 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name James B. Welker
13. Birthplace Cape Gir. Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Carolina
15. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. P. Welker
(b) Address Cape Gir. Mo.

17. (a) Buried (b) Date thereof 11-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cemetery

18. (a) Signature of funeral director McComb Funeral
(b) Address Jackson Mo.

19. (a) 11-29-41 (b) D. G. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 28th
year 1941 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from None, 1941 to Oct 28, 1941
that I last saw h. alive on Oct 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 1 yr

Due to Hypertension 5 yrs

Due to arterial sclerosis? 5 yrs
cerebral sclerosis.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 97
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? _____

While at work? _____ (Specify type of place)
(e) Manner of injury _____

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 11-7-41

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..... *Thos. K. Allen*

Licensed Embalmer No. *405-5-*

P. O. Address..... *Jackson*

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.