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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37706**

DEC 16 1941

Registration District No. **30**

Primary Registration District No. **3003**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Lawrence Barry**  
(b) City or town **Monett**  
(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 **1 Year**  
In this community **1 Year**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **James Martin Weldy**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Marguerite** 6. (c) Age of husband or wife if alive **1878** years

7. Birth date of deceased **Oct 7** (Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **Monett (Rural)** (City, town, or county) (State or foreign country)

10. Usual occupation **Merchant retired**

11. Industry or business

MOTHER FATHER { 12. Name **James Martin Weldy**  
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)  
14. Maiden name **Benbrook**  
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Weldy**

(b) Address **Pierce City Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-14-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cem.**

18. (c) Signature of funeral director **[Signature]**

(b) Address **Pierce City Mo.**

19. (a) **11-21-1941** (Date received local registrar) (b) **W. M. West** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry**  
(c) City or town **Monett rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. **8** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12** year **1941** hour **6 P.M.** minute  M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Central Hemorrhage** Duration **Nov 12**

Due to **Fractured Skull.**

Due to **110° C 21**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no**

Duration  
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) **accident**  
(b) Date of occurrence **Nov 12 - 41**  
(c) Where did injury occur? **on highway** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on highway**

While at work? **no** (Specify type of place) (e) Means of injury **Struck by Car**

23. Signature **[Signature]** (M. D. or other) Address **[Address]** Date signed **11/21/41**

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1833

Date Filed DEC 11 1941

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.....

me..... Registered Apprentice No.....  
working under my personal supervision.

Signed Arthur O. Henneman

Licensed Embalmer No. 38192

P. O. Address Pease City, Va.

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.