

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1672

FILED FEB 21 1942
66

Registration District No. 66

Primary Registration District No. 4038

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville *Sum*
(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 Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wilbur Marion Welker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 9 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 29 hr. min.

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

10. Usual occupation Supt. Lutesville School

11. Industry or business

MOTHER FATHER { 12. Name James A. Welker
13. Birthplace Bessville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dillinger
15. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul L. Welker
(b) Address 2116 Center St. Little Rock

17. (a) Burial (b) Date thereof Feb. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 2-10-42 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Lutesville
(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. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1942 hour 2:00 minute 16 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Carbolic acid poisoning Duration

Due to Drinking carbolic acid

Due to

Other conditions (Include pregnancy within 3 months of death) 1637

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) suicide

(b) Date of occurrence 2-8-1942

(c) Where did injury occur? Lutesville Bollinger Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Basement of Lutesville High School

While at work? No (Specify type of place) (e) Means of injury

23. Signature J. B. Graham (M.D. or other)

Address Lutesville, Mo. Date signed 2-10-42

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.