

FILED MAR 20 1942

Registration District No. 260

Primary Registration District No. 58-78-5879

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Bois Brul
(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 85-5-0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John B. Welty

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Welty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 20 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER { 12. Name Miles A. Welty
13. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Eleazabeth Fenwick
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Hughy
(b) Address Point Rest Mo.

17. (a) Burial (b) Date thereof Feb. 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) Feb 20-42 (b) O. J. Preece
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1942 hour 5 minutes 5 P.M.

21. I hereby certify that I attended the deceased from Feb 18
_____ 1942 to Feb 20 1942
that I last saw him alive on Feb 20 1942
and that death occurred on the date and hour stated above

Immediate cause of death Heart trouble Duration _____
10 days

Due to Septicity
Due to 162 lb

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

Major findings: Of operations None
Of autopsy None

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) no
(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) Means of injury _____
23. Signature [Signature] (M.D. or other) _____
Address _____ Date signed _____

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

79
6
0

Feb 20 1942

RECEIVED

District Health Officer No. 4
District File Number 342-289
Date Filed 5-18-43

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 Edward Spungy

Licensed Embalmer No. 2158

P. O. Address Perryville 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.