

FILED JUL 17 1942
Registration District No. 125

Primary Registration District No. 3009

State File No. _____

Registrar's No. 191

16
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: S. E. Mo. Hospital
(d) Length of stay: In hospital or institution one week
In this community one week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Millersville
(d) Street No. Route 16
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

JERRY ROY WELKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

7. Birth date of deceased June 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Cline Welker
13. Birthplace Millersville Mo.
14. Maiden name Freda Smith
15. Birthplace Cape Girardeau Mo.

16. (a) Informant Blaise Welker

(b) Address Millersville Route 16 Mo

17. (a) Burial (b) Date thereof 6/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cemetery

18. (a) Signature of funeral director McComb

(b) Address Jackson

19. (a) 6-19-42 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1942 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 12 1942 to June 18 1942
that I last saw h.l.m. alive on June 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Meningitis
(cause undetermined)
Due to not meningococci

Duration 10 day

Due to _____
Other conditions glw
(include pregnancy within 3 months of death)

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) _____
(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)
(2) Means of injury _____

23. Signature T. E. Ruff (M. D. or other) M.D.
Address Jackson Mo Date signed 6-19-42

RECEIVED

District Health Officer No. 4

District File Number 742-95

Date Filed 7-17-42

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. W. Allen

Licensed Embalmer No. 4055

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, fact should be so stated above.