

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35005**

FILED NOV 10 1942

Primary Registration District No. **4485**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Kelso
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MICHAEL WELTER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased Oct 8 1854
 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 20 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Lumber Dealer

11. Industry or business

MOTHER FATHER { 12. Name Nicholas Welter
 13. Birthplace Virdon Belgium
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Goeche
 15. Birthplace Virdon Belgium
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Pauline Welter
 (b) Address Kelso Mo.

17. (a) Burial (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kelso Mo.

18. (a) Signature of funeral director Nathurs Und. Co.
 (b) Address Loafe Girardin Mo.

19. (a) Oct 26 1942 (b) Mo W. L. Tomlinson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
 year 1942 hour 1-30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr. 25 to June 28, 1942
 that I last saw him alive on June 28, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myo condition

Due to Smith

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy _____

Duration

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) Means of injury _____
 23. Signature W. P. Smith (M.-D. or other) _____
 Address Smith Date signed 10-27-42

10316 (Licensed Embalmer's Statement on Reverse Side)

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

100
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RECEIVED

District Health Office No. 2,

District File Number 1142-1390

Date Filed 11-3-42

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.....

J. S. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.