

FILED DEC 10 1942

Registration District No. 293

Primary Registration District No. 5916

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Bible R. 1 Cinque Hommes  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 1 Bible R F D # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Like  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Bible R. 1  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Bernard Welker

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 Widower

6. (b) Name of husband or wife Mary Theresa Lambertus 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 13, 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

MOTHER FATHER {  
12. Name Peter Welker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Wingster  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Wecker  
(b) Address Bible, R. 1

17. (a) Burial (b) Date thereof Nov. 30, 1942  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial Schnuchach, Mo.

18. (a) Signature of funeral director Bey Funeral Home  
(b) Address Perryville, Mo.

19. (a) 11/30/42 (b) O. F. Grevera  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th  
year 1942 hour 6:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1940  
..... 19..... to Nov 28 ..... 19.....

that I last saw h. in alive on 11/28 ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death myo. Cardiac failure  
myo. Cardiac failure  
myo. Cardiac failure  
myo. Cardiac failure

Duration

7 days

Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 92 lb

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) (e) Means of injury \_\_\_\_\_

23. Signature Mr. Friedman (M.D. or other) 2 P.O.  
Address Perryville, Mo. Date signed 11/29/42

RECEIVED

District Health Officer No. 3  
District File Number 1242-1472  
Date Filed 12-8-42

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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.....

*Albert Bey*  
Licensed Embalmer No. 3866  
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.