S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40433

State File No.

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 359

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~Hospital~~ 9 hrs. (Specify whether years, months or days) In this community About 9 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Perryville Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Welland
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
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 Sept. (Month) 19 (Day) 1898 (Year)
8. AGE: Years 44 Months 3 Days 6 If less than one day hr. min.
9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER 12. Name Henry Welland
FATHER 13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Amelia Klemp
MOTHER 15. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Helen Voelker
(b) Address Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 12-30-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1942 hour 4 minute 50 A.M.
21. I hereby certify that I attended the deceased from Dec. 25, 1942 to Dec 25, 1942 that I last saw her alive on Dec 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Extensive second degree burns involving body and extremities.	10 hrs
Due to Clothes caught fire from coal oil explosion	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations no operation
Of autopsy no 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) Accident 1379
(b) Date of occurrence Dec 24, 1942
(c) Where did injury occur? Home (City or town) Perryville (County) Perry Co. (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? yes (e) Means of injury Coal stove explosion
23. Signature R. A. Ritter (M. D. or other)
Address Cape Girardeau Date signed 12-29-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143-1613

Date Filed 1-7-43

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 [illegible]

Licensed Embalmer No. 2138

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.