

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

Form 1 1-1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9560**

APR 14 1943  
Registration District No. **23**

Primary Registration District No. **4044**

Registrar's No. **3**

**1. PLACE OF DEATH:**  
 (a) County **Boone**  
 (b) City or town **STURGEON**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **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 **48 yrs.**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Boone**  
 (c) City or town **Sturgeon**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.  \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** **LUTHER T. WELDON**  
 (b) If veteran, name war **No**  
 (c) Social Security No. **No**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **30**  
 year **1943** hour **10** minute **30** **A.M.**  
**21. I hereby certify that I attended the deceased from** **1940**  
 \_\_\_\_\_, 19\_\_\_\_, to **March 30**, 19**43**,  
 that I last saw him alive on **March 30**, 19**43**,  
 and that death occurred on the date and hour stated above.

**4. Sex** **MALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **MINNIE D. WELDON**  
**6. (c) Age of husband or wife if alive** **82** years  
**7. Birth date of deceased** **SEPT. 1 1859**  
(Month) (Day) (Year)

**Immediate cause of death**  
**Chronic Contraction Lung General Pulmonary Disease**  
**Due to Cardio Renal Disease**  
**Due to Arterio Sclerosis**  
**Other conditions**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **83** Months **6** Days **29**  
If less than one day hr. min.  
**9. Birthplace** **Boone Co. Mo.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **RETIRED FARMER**

**Major findings:**  
 Of operations   
 Of autopsy   
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**11. Industry or business**  
**12. Name** **JOHN W. WELDON**  
**13. Birthplace** **Mo.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **MARY ELLEN TUCKER**  
**15. Birthplace** **Mo.**  
(City, town, or county) (State or foreign country)

**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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
**23. Signature** **DR. M. T. ...** (M. D. or other)  
**Address** **Sturgeon Mo** **Date signed** **3/30/43**

**16. (a) Informant's own signature** **Lera Canada**  
**(b) Address** **St. Louis, Mo.**  
**17. (a) BURIAL** (b) Date thereof **Apr. 1-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **MT. HOPE**  
**18. (a) Signature of funeral director** **Barnes Brothers**  
**(b) Address** **Sturgeon, Mo.**  
**19. (a) Apr. 1-43** (b) **Mary Montgomery**  
(Date received local registrar) (Registrar's signature)

1251

---

---

**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..... *R. E. Boothe*  
Licensed Embalmer No..... *4087*  
P. O. Address..... *Sturgeon, 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, above space should be left blank.**