

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 121

1. PLACE OF DEATH:  
 (a) County Henry  
 (b) City or town Montrose  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Montrose Mo 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Henry 42  
 (c) City or town Montrose 0  
 (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 0

3. (a) PRINT FULL NAME Henry Welling  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 11  
 year 1943 hour 9 pm minute 45 M

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

21. I hereby certify that I attended the deceased from Dec. 6 1941 to June 11 1943  
 that I last saw him alive on June 11 1943  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased July 1 1864  
 (Month) (Day) (Year)

Immediate cause of death Ch. myocarditis Duration 3 yrs

8. AGE: Years Months Days If less than one day  
78 11 11 hr. min.

Due to.....  
 Due to.....

9. Birthplace Germantown Ill  
 (City, town, or county) (State or foreign country)

Other conditions nephrolithiasis  
 (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings:  
 Of operations.....  
 Of autopsy.....

11. Industry or business Merchant

12. Name John Welling

13. Birthplace Holland  
 (City, town, or county) (State or foreign country)

14. Maiden name Wellingma Welling

15. Birthplace Holland  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Welling

(b) Address Montrose Mo

17. (a) Montrose (b) Date thereof June 14 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Lee Welling

(b) Address Montrose Mo

19. (a) June 17 1943 (b) Georgia Kitchen  
 (Date received from registrar) (Registrar's signature) J.K.

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 0

23. Signature W.E. Baggerly (M. D. or other) mo

Address Montrose Mo Date signed 6-14-43

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

151  
8154  
73

RECEIVED  
District Health Officer No. 7,  
District File Number 6-43-638  
Date Filed 7-8-13

EH  
11  
sup E  
date

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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. J. Gairant  
Licensed Embalmer No. 3229  
P. O. Address Clinton 2nd

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.