

FILED OCT 14 1943

Registration District No. _____

Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stickler Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **Three years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**
(c) City or town **Kirksville** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **808 E. Washington**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edwin White Weldon**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **486-26-5934**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Jeanette** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Dec 1 1913**
(Month) (Day) (Year)

8. AGE: Years **30** Months **9** Days **10** If less than one day hr. min.

9. Birthplace **Bald Knob Ark 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER { 12. Name **James A Weldon**
13. Birthplace **Canada**
(City, town, county) (State or foreign country)
14. Maiden name **Alpha White**
15. Birthplace **Ark 1 Kansas**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Jeanette Weldon**

(b) Address **808 E. Washington**

17. (a) **Burial** (b) Date thereof **9-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockville Kan**

18. (a) Signature of funeral director **Sumner Powell**

(b) Address **Kirksville Mo.**

19. (a) **9/13/43** (b) **Mrs. J. Wayne**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**
year **1943**, hour **9**, minute **20 p. M.**

21. I hereby certify that I attended the deceased from **Sept 7** to **Sept 11** 1943
that I last saw him alive on **Sept 11** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis following injury to abdomen (intestines & bladder) fracture pubic bone left & ischium left**
Other conditions **fracture left clavicle**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **170C-8**

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) **accident**
(b) Date of occurrence **Sept 7 1943**
(c) Where did injury occur **(Pub) Adair Co. Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway - car accident
While at work? **no** (Specify type of place) (e) Means of injury _____

23. Signature **R. Stickler** (M. D. or other) **MD**
Address **Kirksville Mo** Date signed **9-13-43**

1049

OCT 18 1943

OCT 11 1943

RECEIVED

District Health Officer No. 10

District File Number 10-43-165-2

Date Filed OCT 7 1943

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 W. C. Simmons

Licensed Embalmer No. 2159

P. O. Address Tiskville 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.