

S. No. 2  
9-4-41  
5-17-43  
FILED OCT 5 - 1943 30

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31137**  
Registrar's No. **33**

Registration District No. **30**

Primary Registration District No. **5103**

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

1. PLACE OF DEATH:

(a) County **Benton County Rural**  
(b) City or town **near Lincoln Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lindsay Troop**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boon**  
(c) City or town **Lincoln Rural-**  
(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 **Nellie Garham Welborn**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 widowed**

6. (b) Name of husband or wife **Charles Welborn** 6. (c) Age of husband or wife if deceased alive \_\_\_\_\_ years

7. Birth date of deceased **July 16-1864**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business **Housewife**  
12. Name **Charles Arthur Graham**

13. Birthplace **Dont know** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Jane Roberts**  
15. Birthplace **Dont know** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Hopkins**

(b) Address **Warsaw, Mo.**

17. (a) Burial (b) Date thereof **9-25-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville Mo.**

18. (a) Signature of funeral director **Almond Hagan**

(b) Address **Higginsville, Mo.**

19. (a) **John D. Logan** (b) \_\_\_\_\_  
(Date local health registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23-**  
year **1943** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **9-13-** 19**43** to **9-23-** 19**43**  
that I last saw her alive on **9-13-** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **page 40a**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **83a**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_  
23. Signature **Dr. Reyer** (M. D. or other) **9/24/43**  
Address **Cole Camp Mo** Date signed **9/24/43**

RECEIVED

District Health Officer No. 71

District File No. 9-43-963

Date 10-4-43

STATEMENT BY LICENSED EMBALMER

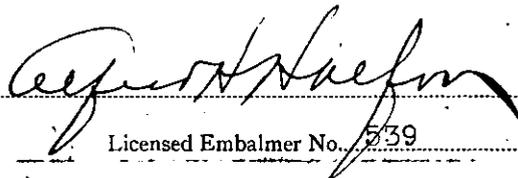
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Forrest A. Hoefler

Registered Apprentice No. 336

working under my personal supervision.

Signed



Licensed Embalmer No. 539

P. O. Address Higginsville, 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.