

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1943

Registration District No. **77**

Primary Registration District No. **5757-4067**

Registrar's No. **411**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Auxvasse**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks**
In this community **4 weeks**
years, months or days

3. (a) PRINT FULL NAME **William James Weldon**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **m.** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Minta** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Nov 23 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **13** If less than one day hr. min.

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

10. Usual occupation **Retired farmer**

11. Industry or business
12. Name **William Weldon**
13. Birthplace **W.V.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Bell**
15. Birthplace **Readsville, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. G. Weldon**

(b) Address **Auxvasse**

17. (a) **Burial** (b) Date thereof **Dec 8 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **Hughes Maupin**

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

19. (a) **Dec 8 1943** (b) **Jour Morantkoff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Callaway**
(c) City or town **Auxvasse**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **6**
year **1943** hour **7: PM** minute **M.**

21. I hereby certify that I attended the deceased from **June 1943**
till death 19.....;
that I last saw him alive on **Dec 6** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration **20 hrs.**

Due to **myocarditis nephritis chronic**

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **131/8**
Of 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)
(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 **3**

23. Signature **G. H. Dornheim** (M. D. or other)
Address **Auxvasse, Mo.** Date signed **12/6/43**

1147

(Licensed Embalmer's Statement on Reverse Side)

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

14
66
0

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 Hughes Manpin
Licensed Embalmer No. 2358
P. O. Address Ant Vasse, MA.

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.