S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3883

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo. (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 (Specify whether

In this community 83-9-0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo. (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 Emelia Welland

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Welland

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 7 (Day) 1860 (Year)

8. AGE: Years 83 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Charles Klemp
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elezabeth
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Helen Voelker

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Yount Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 1-8-44 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1944 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from May, 1941, to 1-6-44, 19; that I last saw her alive on 1-6-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	3 days
Due to Arteriosclerosis	5 yrs
Due to Mitral incompetency	2 1/2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. M. Wiedman (M. D. or other) D.O.

Address Perryville Mo. Date signed 1-8-44

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(Licensed Embalmer's Statement on Reverse Side)

EIVED

ict Health Officer No. 4

ct File Number 144-3238

Date Filed 1-11-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.