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3-43
7-39
K37823

FILED JUN 8 1944
Registration District No. 1344

Primary Registration District No. 5185

Registrar's No. 1551

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cape Rock Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau ¹⁶

(c) City or town Cape Girardeau ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Cape Rock Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME LOUISA CATHERINE WELKER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12/1/43
_____ 19____ to 4/18/44 19____
that I last saw her alive on 4/18/44 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife G. R. WELKER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JAN 14 1873
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the stomach

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 71 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Ballinger County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Husf.

MOTHER FATHER

11. Industry or business _____

12. Name Henry Lincoln

13. Birthplace Ballinger Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Amelia Ann Jones

15. Birthplace Ballinger Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Baldin Welker

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 4-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. S. Howell

(b) Address Cape Girardeau, Mo.

19. (a) 5-10-44 (b) G. H. Phelps
(Date received local registrar) (Registrar's Signature)

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 A. F. Suber (M. D. or other) _____
Address CAPE GIRARDEAU, Mo. Date signed 4/19/44

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

RECEIVED

District Health Officer No. 4

District File Number 644-

6-7-4

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. H. Estes

Licensed Embalmer No.

3568

P. O. Address

Cape Girardeau

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.