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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17842

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Mo. State Penitentiary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Yrs. 9 Mo. & 7 Days. (Specify whether years, months or days)
In this community 9 Yrs., 9 Months & 15 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. Mo. State Penitentiary
(If rural, give location)

(e) Citizen of foreign country? No (No) (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Welker

3. (b) If veteran, Yes. name war World War #1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Welker

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

7. Birth date of deceased October (Month) 5th. (Day), 1895 (Year)

8. AGE: Years 48 Months 7 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barber

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant MO Penitentiary Records
(b) Address J. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof MAY-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ludlow MO

18. (a) Signature of funeral director Thorpe J. Gordon
(b) Address Jefferson City Mo

19. (a) 5-31-44 (Date received local registrar) (b) Norman Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1944 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from July, 1941, to May 29th., 1944 that I last saw him alive on May 29th., 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 5 yrs or more (5 yrs or more)

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 [signature] (M. D. or other) M.D.

Address 626 Jefferson St. Date signed 5/29/44

894 (Licensed Embalmer's Statement on Reverse Side)

JUN 12 1944

NOV 9 1944

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-5-44

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 [illegible]

Licensed Embalmer No. 4096

P. O. Address Jefferson City

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.