

FILED NOV 8 1944

Registration District No. 139

Primary Registration District No. 4777

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Craig
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William Henry Wellman

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1944 hour 8:30 a.m. M.

21. I hereby certify that I attended the deceased from Aug 16
1944, 1944 to Oct 20, 1944
that I last saw him live on Oct 20, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Gertrude Wellman 6. (c) Age of husband or wife if alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased May 23, 1860
(Month) (Day) (Year)

Immediate cause of death Endocarditis Duration Several years

Due to _____

Due to _____

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

8. AGE: Years 84 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Cottage Hill, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business on the farm

MOTHER FATHER

12. Name Carl Wellman

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

14. Maiden name Caroline Pieper

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

16. (a) Informant Mrs. Colman David

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof Oct. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F Cemetery

18. (a) Signature of funeral director Wilbur L. Scholer

(b) Address Craig, Mo.

19. (a) 10-23-44 (b) Pauline Jackson
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature FE Hogan (M. D. or other) _____
Address Monmouth, Mo. Date signed 10/21-44

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

400

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wilber L. Schooner*.....

Licensed Embalmer No. *3997*.....

P. O. Address..... *Craig, 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.