

FILED DEC 9 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Southeast Mo. Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau 16  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. 1030 Broadway 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 6

3. (a) PRINT

FULL NAME Jacklin Kay Weldon

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th  
year 1944 hour 11 minute P. M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 10/30, 1944 to 11/4, 1944  
that I last saw her alive on 11/3  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 30th 1944  
(Month) (Day) (Year)

Immediate cause of death Hydrocephalus  
Due to not known

8. AGE: Years Months Days If less than one day  
0 0 4 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Cecil Weldon

13. Birthplace Fremont Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Zimmerman

15. Birthplace Kildare North Dakota  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. D.F. Weldon

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 11-06-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemt.

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 11-9-44 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

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 5

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 11-8-44

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

MOTHER FATHER

District Health Officer No. 4  
District File Number 1244-4645  
Date Filed 12-7-44

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**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 Howard B. Blinn

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

**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.**