

FILED JAN 15 1945

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Shelby Co.  
(b) City or town Shelbina, Mo.  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina, Mo.  
(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 Martha Adeline Welker

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

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 24th, 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business " "

12. Name Issac Welker

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

14. Maiden name Lucinda L. Beeler

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

16. (a) Informant Guy L. Welker

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 12-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million & Barkeler  
(b) Address Shelbina, Missouri

19. (a) Jan 5-45 (b) Malge Good  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th  
year 1944 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1944, to Dec. 7, 1944;  
that I last saw her alive on Dec. 7, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 wks.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 93d  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 9  
23. Signature R.L. Caldwell (M.D. or other) Dr.  
Address Shelbina, Mo. Date signed Jan 4/45

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

02  
20

1095

RECEIVED

District Health Officer No. 10

District File Number 45-195

Date Filed JAN 12 1945

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 EW Hawkins  
Licensed Embalmer No. 3498  
P. O. Address Albina, 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.**