

S. No. 2
DM-542
Rev. 5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19473**

FILED JUL 9 1946

Registration District No. **58**

Primary Registration District No. **3006**

Registrar's No. **157**

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

16
2
4

18749

1. PLACE OF DEATH:

(a) County **Boone**

(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home, 315 Christian College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

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

(d) Street No. **315 Christian College**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Miss Margaret Welmeier**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1946** hour **3** minute **15 a. m.**

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 **30** years

7. Birth date of deceased: **April** **30** **1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 15th** 19**46** to **June 22nd** 19**46**
that I last saw him alive on **June 23** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 **1** **25** hr. min.

Immediate cause of death: **Cortex Incompetency**

Due to _____

Due to _____

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home.**

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

Major findings: Of operations **970**

Of autopsy _____

11. Industry or business _____

12. Name **Peter W. Welmeier,**

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

14. Maiden name **Magdalena Fiedler.**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Carrie Adair**

(b) Address **315 Christian College, Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **6/26/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Boonville, Mo.**

18. (a) Signature of funeral director **Goodman & Keller**

(b) Address **Boonville, Mo.**

19. (a) **6-29-46** (b) **Mrs. P. E. Palmer**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury **1**

23. Signature **P. E. Palmer** (M.D. or other) **DC.**

Address **Columbia, Mo.** Date signed **6-25-46**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville 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.