

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 22 1948

Registration District No. 22

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5114

State File No.

28855

Registrar's No.

67

1. PLACE OF DEATH:

- (a) County BOLLINGER
(b) City or town Greenbrier WAYNE
(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)

- (d) Length of stay: In hospital or institution (Specify whether

In this community 10 years years, months or days)3: (a) PRINT FULL NAME Rebecca Welker

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

4. Sex J / 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife P. L. Welker 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 27 hr. min.

9. Birthplace Bessville Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation
- HWJ

11. Industry or business

- MOTHER FATHER { 12. Name W. M. Rhodes ✓
13. Birthplace Unknown ✓
14. Maiden name ETHEL S. RIZES ✓
15. Birthplace Unknown ✓
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLEY Welker
(b) Address Greenbrier, Mo.

17. (a) Burial (b) Date thereof SEPT. 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Plain View Cem.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 9-13-1948 (b) Willie Sandburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County BOLLINGER
(c) City or town Greenbrier
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th
year 1948 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from 1944 to Sept. 10 1948
that I last saw him alive on Sept. 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Senility

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 L

23. Signature C. A. Mestere (M. D. or other) MD
Address Adams, Mo. Date signed 9-10-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 948-11

9-21-

SEP 22 1948

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. 3
working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.