

FILED APR 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7513

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 380

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE Missouri b. COUNTY Carroll | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2 | | c. LENGTH OF STAY (In this place) 94 ^{hrs} 3 ^{mo} 11 ^{days} | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph MO. | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2 | | | |

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|---|--|------------------------|------------|--|--|------------------------------|--|---|------------------------------------|--|--------------------------|---|-------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) Russell | | | a. (First) | | | b. (Middle) | | | c. (Last) Weltner | | | 4. DATE OF DEATH (Month) (Day) (Year) April 8 1949 | | | |
| 5. SEX male 0 | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | | 8. DATE OF BIRTH Dec. 5 1877 | | | 9. AGE (In years last birthday) 71 | | IF UNDER 1 YEAR Months 4 | | IF UNDER 24 HRS. Days 3 Hours Mins. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY none | | | | 11. BIRTHPLACE (State or foreign country) Dewitt MO 0 | | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |

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|--|--|--|---|--|--|---|--|--|---------|--|--|
| 13a. FATHER'S NAME Joseph Weltner | | | 13b. MOTHER'S MAIDEN NAME Josephine Baker | | | 14. NAME OF HUSBAND OR WIFE unknown | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. none | | | 17. INFORMANT'S SIGNATURE OR NAME Flood Weltner Dewitt MO | | | ADDRESS | | |

| | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | | | | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis | | | | | | | | | |
| | | DUE TO (c) | | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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|---|--|--|--|--|---|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21f. HOW DID INJURY OCCUR? | | | | |

22. I hereby certify that I attended the deceased from Jan 1, 1949, to April 5, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

| | | | | | | | | | |
|--|--|---|---|---|---|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Forrest Thomas M.D. | | | 23b. ADDRESS St. Joseph Mo. 076 State Hosp No 2 | | | 23c. DATE SIGNED 4/8/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE April 8 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Green Cemetery | | 24d. LOCATION (City, town, or county) (State) Dewitt MO. | | | |
| DATE RECD BY LOCAL REG. April 8, 1949 | | REGISTRAR'S SIGNATURE G. B. Jenkins 382 | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home Carrollton Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. 25

working under my personal supervision.

Signed R. M. Marshall

Signed.....
Student Embalmer

Licensed Embalmer No. 2525

P. O. Address Carrollton, 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.