

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15146

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3012 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>37 years</u>		d. STREET ADDRESS (If rural, give location) <u>1435 Ran Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) _____ c. (Last) <u>Welker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 21 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER-MARRIED, <del>MARRIED-DIVORCED</del> (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>3-22-1912</u>		9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>			11. BIRTHPLACE (State or foreign country) <u>Mississippi County, Ark.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>George R. Welker</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Lincoln</u>			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>x Mrs. Robert Sebastian, Cape Gir</u>		ADDRESS _____	
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18. CAUSE OF DEATH (Specify fully the cause per (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, athermia, etc. It means the direct injury, or complication, which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of Brain due to a Tornado</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				29540	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1435 Ran St.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 21 AM 7/49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tornado</u> (15)	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. R. Drickney Coroner</u>		23b. ADDRESS <u>4 South Pacific St.</u>		23c. DATE SIGNED <u>5/1/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>5-26-49</u>		REGISTRAR'S SIGNATURE <u>G. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Loman, Cape Gir Mo</u>		ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

6761 1949  
AUG 7 1949  
JUL 23 1949

JUL 22 1948

FEB 1 1950

RECEIVED

Health Officer No. 4  
File Number 549-2  
Date Filed 5-31-49

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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *H. L. Hansen*  
\_\_\_\_\_

Licensed Embalmer No. 2863

P. O. Address *Cape Girardeau*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of MISSOURI

County of Cape Girardeau

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 15146

Local Registrar's No. 16479

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24, day of January, 1950, before me appears Golden Welker, who, upon his oath, states that the original record of <sup>birth</sup> death for Jack Welker, <sup>died</sup> ~~born~~ May 21st, 1949, in the State of Missouri, and which was filed at Cape Girardeau, Mo. on May, 1949, should be corrected as follows:

Item No. seven should read Married  
Instead of Divorced

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Rev. Gordon Welker Brother Relationship.

Box 1 Post Office Cape Girardeau Present Address. mo

Subscribed and sworn to before me this 24th day of January, 1950.

My Commission expires Jan. 28, 1952

John P. [Signature] Secretary Public.

1949

S-15146