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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2396

Registration District No. 250 Primary Registration District No. 4150 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: own Home (If not in hospital or institution, write street number or location)

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

In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Emanuel Welborn

3. (b) If veteran name war None SS 491-09-7344 3. (c) Social Security No. Lost

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

6. (b) Name of husband or wife Eliza Welborn 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 16 (Day) 1883 (Year)

8. AGE: Years 57 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Truck Delivery of Freight

11. Industry or business CRI&P Railway

FATHER
12. Name James Welborn
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Eliza Burns
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Geo Welborn

(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lile Cemetery

18. (a) Signature of funeral director Hope Furn. & Und. Co.

(b) Address Gallatin, Mo.

19. (a) Feby-6-1941 (Date received local registrar) (b) H. A. Hope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1-1941, 19__, to Feb 5, 1941, that I last saw him alive on Feb 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	over 1 yr
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 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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature M B Bailey DD (M. D. or other) 2

Address Gallatin Mo Date signed 2-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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, above space should be left blank.