

RECORDED FEB 17 1941

Registration District No. 1050

Primary Registration District No. 5635

Registrar's No. 1

1. PLACE OF DEATH:  
(a) County Lawrence Mo  
(b) City or town Rural - Wentworth  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: North of Pierce City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 years years, months or days

3. (a) PRINT FULL NAME Willis G. Weldon  
3. (b) If veteran, name war Spain American 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Feb. 22, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Kentucky Mont County  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name unknown  
13. Birthplace Kentucky \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Kentucky \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Weldon  
(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof Jan 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Saracen Cemetery

18. (a) Signature of funeral director: Edwin Wilba  
(b) Address Pierce City Mo

19. (a) 1-2-1941 (b) Pete Woods  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Rural Mt Pleasant  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 1st.  
year 1941 hour 6 minute 35 a.m.

21. I hereby certify that I attended the deceased from Dec. 21/40  
\_\_\_\_\_, 19\_\_\_\_, to Jan. 1, 1941  
that I last saw him alive on Dec 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 3 days

Due to Chronic myocarditis unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (Specify means of injury)  
While at work? \_\_\_\_\_  
23. Signature Charles Moore (M. D. or other) \_\_\_\_\_  
Address Pierce City Date signed Jan 2/41

WRITE PLAINLY—USE 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.....

*Edwin R. Wilks*

....., Registered Apprentice No.....

working under my personal supervision..

Signed.....

*Edwin R. Wilks*

Licensed Embalmer No.....

*4131*

P. O. Address.....

*Pierce City 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.