

S. No. 2
A-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37892

State File No. _____

Registrar's No. 1868

Registration District No. 301

Primary Registration District No. 6040

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural Paymor
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Paymor
(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 _____

3. (a) PRINT FULL NAME Billy Joe Welker
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6
year 1942 hour 4:15 minute _____ A. M.
21. I hereby certify that I attended the deceased from Nov-4-42
19____ to Nov-6-42 19____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

that I last saw him alive on Nov-5-42 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. (Month) 11 (Day), 1941 (Year)
8. AGE: Years _____ Months 11 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 3 days

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 104
Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Tommie Welker
13. Birthplace Ripley county Mo. (City, town, or county) (State or foreign country)
14. Maiden name HILMA LEE MURPHY
15. Birthplace Ripley county Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Tommie Welker
(b) Address Paymor, Mo.

17. (a) Burial (b) Date thereof 11-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Paymor Cemetery

18. (a) Signature of funeral director Black's Mortuary
(b) Address Doniphan, Mo.

19. (a) 11-12-42 (b) Ed Johnston (Date received local registrar) (Registrar's signature)

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 3
23. Signature Clifford Goforth (M.D. or other)
Address Doniphan Mo. Date signed _____

674 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File No. 12 42106 7

Date Filed 12-14-42

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.