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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40199

State File No. ....

FILED JAN 11 1943

Registration District No. 32

Primary Registration District No. 206

Registrar's No. 283

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

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2  
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1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: x /

(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country x /

3. (a) PRINT FULL NAME Margaret Ann Weldon

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th  
year 1942 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from April 14 1942  
Dec 4, 1942 to Dec 4, 1942;  
that I last saw her alive on Dec 4, 1942,  
and that death occurred on the date and hour stated above.

4. Sex Female! 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife MIRANDA R. Weldon

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July 9th 1854  
(Month) (Day) (Year)

Immediate cause of death myo. cardiac  
Decompensation

Due to Auricular fibrillation  
(cardiac arrhythmia)

Due to senile debility  
& paralysis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsy

8. AGE: Years 88 Months 5 Days x If less than one day hr. min.

9. Birthplace Boone Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joshua Fenton

13. Birthplace Boone Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes March

15. Birthplace Boone Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant F.A. Weldon

(b) Address Columbia

17. (a) Burial (b) Date thereof Dec 11 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Fork (HINTON)

18. (a) Signature of funeral director R. O. Quigg

(b) Address Columbia, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

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? (c) Means of injury

Signature Walter Sparks (M.D. or other) W.D.O.

Address Columbia Date signed 12/10/42

1250

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*[Handwritten Signature]*

Licensed Embalmer No.....

*3183*

P. O. Address.....

*Columbia 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40199  
Registrar's No. 283

Registration District No. 38

Primary Registration District No. 2006

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret A. Weldon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 9 (Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Dashua Fenlon  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Agnes March  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) Dec 16 '42 (Date received local registrar) (b) E. Alma H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 9 Year 1942 Hour 11:45 Minute 30 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_  
PHYSICIAN 982  
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)  
(b) 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 \_\_\_\_\_  
23. Signature 1040 (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

