

U. S. No. 2
FORM-5-42
Rev. 5-17-39

6278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAR 11 1943

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 16

36
26
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution
103 W. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 80 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 103 W. Main St.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME ROSA ELIZABETH WELLENKAMP.

3. (b) If veteran, name war... none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased March 20 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>11</u>	<u>0</u>hr.min.

9. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business Music Teacher

12. Name Henry Wellenkamp

13. Birthplace Borgdon Germany
(City, town, or county) (State or foreign country)

14. Maiden name Matheline Menkhals

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Wellenkamp

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb. 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Witt, Inc.

(b) Address Washington, Mo.

19. (a) 2/22/43 (Date received local registrar)

(b) Lucile Kuehn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1943 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct.
1923 to Feb. 20 1943
that I last saw her alive on Feb. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast.

Due to Heart know 70

Due to Heart know 70

Other conditions Heart know
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast

Of operations 1933 (left)

Of autopsy no autopsy

Duration 12 yrs

Heart know

Heart know

Heart know

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?
.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature R. R. Citter (M. D. or other)

Address Washington Mo. Date signed 2/24/43

1181

MAY 10 1951

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.....

.....
working under my personal supervision.

Lester H. Witt

Registered Apprentice No.

Signed.....

Lester H. Witt

Licensed Embalmer No. *3254*.....

P. O. Address. *Washington, 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.