

FILED DEC 3 1943 66
Registration District No. **5999**

Primary Registration District No. **5999**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Ozark**
(b) City or town **Dora, Mo**
(c) Name of hospital or institution: **Richland 2nd**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **69415** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Ozark ??**
(c) City or town **Dora, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gilda C. Welker**
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **8**
year **43** hour **7** minute **50** A.M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **C. E. Welker** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **6-4-1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-7-1943** to **10-8-1943**
that I last saw her alive on **9-30-1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **4** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death: **Chronic Hypertensive Myocarditis**
Chronic Coronic Valvular Disease
Due to **mitral insufficiency**

9. Birthplace **Newton Co, Mo**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Housewife**

Major findings: **93d**
Of operations _____

11. Industry or business _____
12. Name **Wm Huffets**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Rebecca Stone**
15. Birthplace _____ (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **R. E. Welker**
(b) Address **Dora, Mo**
17. (a) _____ (b) Date thereof **10 of 10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Dora, Mo**

(Specify type of plane)
While at work? _____ (e) Means of injury _____
23. Signature **E. E. Bohrer** (M. D. or other) **MD**
Address **West Plains, Mo** Date signed **10-25-43**

18. (a) Signature of funeral director **Robertson**
(b) Address **West Plains, Mo**
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

582 (Licensed Embalmer's Statement on Reverse Side) **Boher**

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

MOTHER FATHER

87 1-1-3

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 *A. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Lane,*

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.

25
43
335930

State File No. _____

Registration District No. 266

Primary Registration District No. 5898

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gosh

(b) City or town Dora, Richland, Mo.
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 Srilda C. Welker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 4
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 69 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(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 _____

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) (c) Means of injury _____

19. (a) 12-6-1943 O. S. Claybrook
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

38845