

FILED JAN 10 1944

Registration District No. 164

Primary Registration District No. 2032

Registrar's No. 141

1. PLACE OF DEATH
Johnson.
(a) County Johnson.
(b) City or town Warrensburg.
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 50yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson.
(c) City or town Warrensburg.
(d) Street No. _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel D. Welborn.
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 31
year 1943 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12-27-43
to 12-31-43
that I last saw him alive on 12-21-43
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Emma E. Welborn
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased June 25 1869

Immediate cause of death Chr. Myocarditis
Due to _____
Due to _____
Other conditions 93d
(Include pregnancy within 5 months of death)

8. AGE: Years 74 Months 6 Days 6
If less than one day hr. _____ min. _____
9. Birthplace Thomasville N. C.
10. Usual occupation Farmer.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name Frank Welborn.
13. Birthplace unknown N. C.
14. Maiden name Polly Welborn.
15. Birthplace Unknown.
16. (a) Informant E. E. Tyler.
(b) Address Warrensburg. MO.
17. (a) Burial (b) Date thereof 1-1-1944
(c) Place: burial or cremation Knobnoster. Mo.
18. (a) Signature of funeral director Swann Phillips
(b) Address Warrensburg. MO.
19. (a) Jan 1 1944 (b) Leola M. Williams

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? _____
(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. F. Williams (M. D. or other) _____
Address Warrensburg, Mo. Date signed 1/1/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-7-44

JAN 18 1944

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.....

R. G. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.