

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3390

Registration District No. 178

Primary Registration District No. 4280-5658

Registrar's No.

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

1. PLACE OF DEATH: Laurence

(a) County Laurence

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

(c) Name of hospital or institution: Vineyard Inf
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laurence

(c) City or town Stott City Rural
(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 Vida Morene Weldy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1943 hour 11:45 minute _____ M.

21. I hereby certify that I attended the deceased from 16 1938 to Dec 12 1943
that I last saw her alive on 2/17 1943
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

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

7. Birth date of deceased March 12 1905
(Month) (Day) (Year)

Immediate cause of death: Pulmonary hemorrhage 1 hr

Due to Far advanced bilateral pulmonary tuberculosis

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

8. AGE: Years 38 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Major findings: 13 pl

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Fred Sharoic

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

14. Maiden name Maudie Miller

15. Birthplace Laurence Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant George Weldy

(b) Address Stott City Mo

17. (a) Rural (b) Date thereof Dec 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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 _____

23. Signature Lucretia Glover (M. D. or other) _____
Address W. Vernon, Mo Date signed 12/16/43

18. (a) Signature of funeral director H. O. Fassett

(b) Address mt. Vernon Mo.

19. (a) 12-17-43 (b) Anna Whiney
(Date received local registrar) (Registrar's signature)

1182

RECEIVED

District Health Officer No. 01

District File Number 144-44

Date Filed JAN 17 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..... *H. D. Lassett*
Licensed Embalmer No..... *2251*
P. O. Address..... *Mt. Vernon*

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.