S. No. 2
M—8-43
5-17-39
I X37828

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 27076

Registrar's No. 219

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Home, Kirksville, Mo. R. R. No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

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

(d) Street No.: R. R. No. 2
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Norma Wellborn

3. (b) If veteran, name war:

3. (c) Social Security No. 492-28-1180

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Chester E. Wellborn

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: Aug. (Month) 23 (Day) 1913 (Year)

8. AGE: Years 30 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace: Putnam Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Factory Employee

11. Industry or business: International Shoe Co.

FATHER
12. Name: James Smith
13. Birthplace: Uk. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Betty Vincient
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Chester E. Wellborn
(b) Address: Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cemetery

18. (a) Signature of funeral director: Der Riley
(b) Address: Kirksville, Mo.

19. (a) 8-30-44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 21 year: 1944 hour: 5:00 minute: P.M.

21. I hereby certify that I attended the deceased from August 16, 1944, to August 21, 1944; that I last saw her alive on August 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid Fever — Duration: 11 days

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

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? (e) Means of injury:

23. Signature: Howard E. Gross (M. D. or other) D.O.

Address: Poehlman Bldg. Kirksville Date signed: 8-26-44

1049 (Licensed Embalmer's Statement on Reverse Side)

APR 20 1945

RECEIVED
District Health Officer No. 10
District File Number 9-44-1524
Date Filed SEP 7 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.