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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27855

Registration District No. 139 Primary Registration District No. 5539 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Holt.
(b) City or town Rural. Liberty Twp.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Rural. Liberty Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Arthur Welsley Wellington.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Fannie D. Wellington.
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 8th, (Day) 1871. (Year)

8. AGE: Years 73 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Near Barnard (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry Wellington.
13. Birthplace Mass. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Docia Grimes.
15. Birthplace N. Carolina. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Fannie D. Wellington
(b) Address Skidmore Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44. (Month) (Day) (Year)
(c) Place: burial or cremation Burr Oak Cemetry.
18. (a) Signature of funeral director W. H. Crawford.
(b) Address Mound City, Mo.
19. (a) 8-23-44 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st. year 1944. hour 4 minute 55 P.M.
21. I hereby certify that I attended the deceased from A July 7, 1944, 19..., to August 20, 1944, 19...; that I last saw him alive on August 19, 1944, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
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 L. G. Buxton (M. D. or other) D.O.
Address Skidmore, Mo. Date signed 8/22/44

1185 (Licensed Embalmer's Statement on Reverse Side)

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 W H Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City 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.