

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 347

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

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: A. S. O. Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Schuyler
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Downing
 (If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Milford Vern Weldon
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased August 14 1933
 (Month) (Day) (Year)

8. AGE: Years 11 Months 4 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation School Boy

11. Industry or business _____

MOTHER FATHER
 12. Name Virgil Martin
 13. Birthplace Schuyler, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Weldon
 15. Birthplace Kirkville, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Martin

(b) Address Downing, Mo.

17. (a) Burial (b) Date thereof Dec 24 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing Cemetery

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing, Mo.

19. (a) 1-2-45 (b) Wm. D. Wagner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd
 year 1944 hour 12 minute 03 A.M.

21. I hereby certify that I attended the deceased from December 18 1944 to Dec. 22 1944
 that I last saw him alive on Dec 21 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus Duration 3 days

Due to Trauma to viscera (abdominal)

Due to _____

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

Major findings: Of operations 17 19 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) Accident

(b) Date of occurrence Dec. 17, 1944

(c) Where did injury occur? near Downing, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
 While at work? Yes (Specify type of place) (e) Means of injury Struck by wagon

23. Signature Wm. D. Wagner (M.D. or other) M.D.

Address Kirkville, Mo. Date signed 12/24/44

Lloyd Moore
Downing, Mo.

APR 30 1945

RECEIVED

District Health Officer No. 10

District File Number 1-45-90

Date Filed JAN 9 1945

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No.

3151

P. O. Address

Downing 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.