

**1. PLACE OF DEATH:**  
 (a) County Madison  
 (b) City or town Marguand, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Marguand, Missouri  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Madison  
 (c) City or town Marguand  
(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** Ida Lenore Welker  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased August 3 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 7 8 hr. min.

9. Birthplace Ironton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Nicholas C. Griffith

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

14. Maiden name Francis Russell

15. Birthplace Unknown Conn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cassell Bernard Welker

(b) Address Marguand, Mo.

17. (a) Removal (b) Date thereof 3 - 13 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church Cemetery

18. (a) Signature of funeral director Sam Najim, Jr.

(b) Address Fredericktown, Mo.

19. (a) 3-13-1946 (b) Florine Hicks  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 11  
 year 1946 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from Apr:  
15 1945 to March 11 1946  
 that I last saw her alive on March 11 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lympho sarcoma Duration Undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(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 Keid L. Hull (M. D. or other) D.O.

Address Fredericktown, Mo. Date signed 3-13-46

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

8999

RECEIVED

Sanitary Health Officer No. 4

Case File Number 446-1899

Date Filed 4-5-46

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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.....

Licensed Embalmer No. 4299

P. O. Address. Fredericktown, Md.

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.