S. No. 2
1—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14250

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 119

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 4 mos. 25 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 94
(c) City or town Kimmswick 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country

74 0 0

3. (a) PRINT FULL NAME MARTIN WELLAND
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 5 (Day) 1903 (Year)
8. AGE: Years 42 Months 9 Days 26 If less than one day hr. min.
9. Birthplace Stanisic (City, town, or county) Jugoslavia (State or foreign country)
10. Usual occupation Worked for manufacturing companies
11. Industry or business
FATHER 12. Name Joseph Welland
13. Birthplace Stanisic (City, town, or county) Jugoslavia (State or foreign country)
MOTHER 14. Maiden name Lena Strahl
15. Birthplace Stanisic (City, town, or county) Jugoslavia (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Calvary Cem., Farmington, Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 4-4-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 6, 1942, to April 1, 1946 that I last saw him alive on April 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Intestines	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 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 Floren C. Nichols (M. D. or other)
Address Farmington, Mo. Date signed 4-4-46

2441

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 446-2001

Date Filed 4-10-46

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington N.M.

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.