S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 29 1946

STANDARD CERTIFICATE OF DEATH

State File No. 22964

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 108

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Mrs Brooks Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community Directly All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town DeWitt
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Cathrine Baker Weltner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 28 (Day) 1854 (Year)

8. AGE: Years 92 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Ross County Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jamed Baker 1
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Schooley
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie M Thomas
(b) Address Enid Oclahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery (DeWitt Mo)

18. (a) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton Mo

19. (a) 7/19/46 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from April 1, 1946, 19 to July 5, 1946;
that I last saw her alive on July 5, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
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 [signature] (M. D. or other)

Address Carrollton Mo Date signed 7/18/46

45 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-22-46

DEC 19 1946

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 R. M. Marshall, Registered Apprentice No. 409, working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.