

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27160
Registrar's No. 179

FILED AUG 28 1947

Registration District No. 7947 Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COLE 26
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. MARION TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MORA WEKAMP
(b) If veteran, name war NO (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 11
year 1947 hour 10 minute 15 A.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife WILLIAM WEKAMP
(c) Age of husband or wife if alive 69 years
7. Birth date of deceased NOVEMBER 25, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 3, 1947 to August 11, 1947
that I last saw her alive on August 11, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 16
If less than one day hr. min.

Immediate cause of death Arterio-sclerosis
Hypertension
Duration 24 hrs

9. Birthplace ST. MARTINS, MO.
(City, town, or county) (State or foreign country)

Other conditions Minimal Diabetes Mellitus
Major findings: B. Chem NPN. 129 mgms
Of operations _____
Of autopsy LO

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOHN WELSH

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

14. Maiden name UNKNOWN

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

16. (a) Informant TONY WEKAMP

(b) Address R. R. # 1 JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 8/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARTINS, MO.

18. (a) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) 8-13-47 (b) R. P. Davis M.D. JR.
(Date received local registrar) (Registrar's signature)

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?

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 8/12/47

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

MOTHER FATHER

256
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 27 1947

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..... *Sybilster Dulle*.....
Licensed Embalmer No. *4321*.....
P. O. Address..... *Jefferson City*.....

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.