

FILED SEP 17 1947

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Cape Girardeau Mo.
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mississippi River Drown
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether)
 In this community All Life
 years, months or days

3. (a) PRINT FULL NAME George Welker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wilda 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Nov 11 1899
 (Month) (Day) (Year)

8. AGE: 48 Years Months 9 Days 2
 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

12. Name George Welker
 13. Birthplace Lutesville Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Lou Lincoln
 15. Birthplace Lutesville Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Wilda Welker
 (b) Address Cape Girardeau Mo.

17. (a) Aug 15 1947 (b) Date thereof Burial
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo.

18. (a) Signature of funeral director Joe G Howell
 (b) Address Cape Girardeau Mo.

19. (a) _____ (b) S. C. Summers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cape
 (c) City or town Cape Girardeau Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1500 N Spanish
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
 year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that last seen _____ and that death occurred on the date and hour stated above.

Immediate cause of death Found floating in Mississippi River 6 miles N.E. Charleston.
 Duration _____

Due to Drowning.
 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) Accident 115
 (b) Date of occurrence 8/11/47

(c) Where did injury occur? Cape Girardeau, Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial - Sant Eng. boat
 (Specify type of place)

While at work? yes (e) Means of injury _____

23. Signature Dr. F. Murrell (M.D. or other)
 Address Charleston, Mo Date signed 8/16/47

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

76

X

RECEIVED

District Health Officer No. 4
District File Number 947-1123
Date Filed 9-11-47

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 W. H. Estes
Licensed Embalmer No. 3568
P. O. Address Cape Girardeau, 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.

Registration District No. 03

Primary Registration District No. 5145

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME George Welker

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 M

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

7. Birth date of deceased Nov-11-1907
(Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) (State or foreign country) No

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 9-26-1947 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

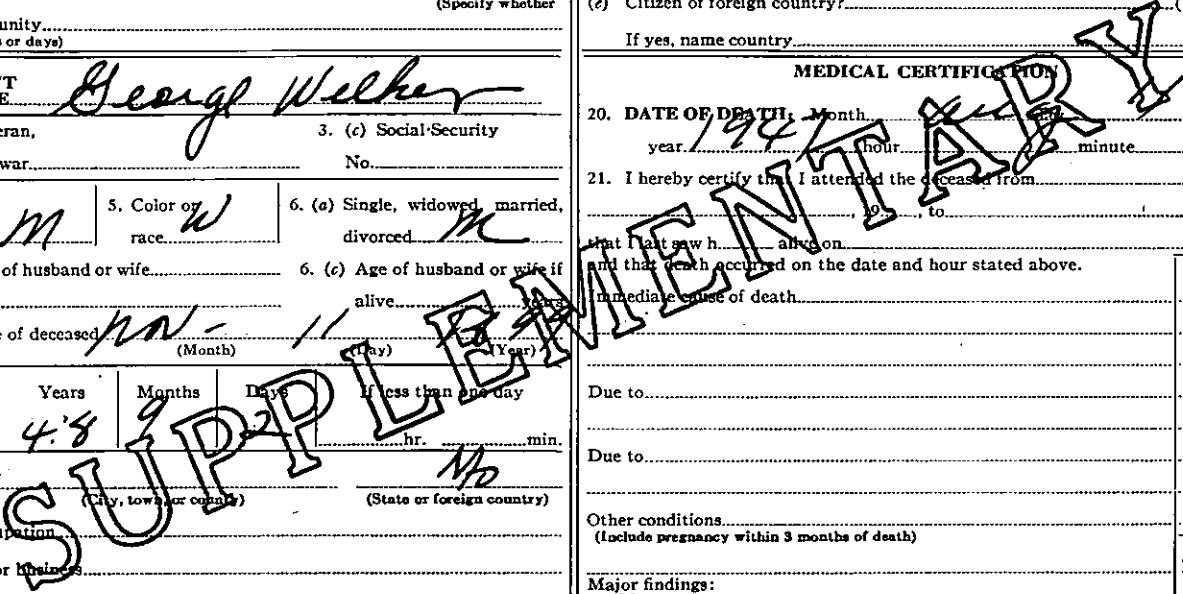
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Date signed _____



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

S-30635