

FILED MAR 2 1948
Registration District No. **5948**

Primary Registration District No. **3010**

Registrar's No. **62**

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 none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether all life)
 In this community all life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 721 N. Spawol
 (If rural, give location)
 (e) Citizen of foreign country? no or No
 If yes, name country

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 13
 year 48 hour 1 minute 0 A.M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced, Y
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 5 years
 7. Birth date of deceased June 5 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 1948 to 2/13 1948
 that I last saw him alive on 2/13 1948
 and that death occurred on the date and hour stated above.
 Duration

8. AGE: Years Months Days If less than one day
81 8 7 hr. min.

Immediate cause of death Carcinoma of face & head
 Due to
 Due to

9. Birthplace Scopus Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 53
 Of autopsy

11. Industry or business
 12. Name John Welker
 13. Birthplace Marble Hill Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Austin
 15. Birthplace Scopus Mo
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Rev. Golden Welker
 (b) Address Cape Gir Mo
 17. (a) Burial (b) Date thereof 2-14-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mission Park
 18. (a) Signature of funeral director J. B. Howell
 (b) Address Cape Gir Mo
 19. (a) 2-25-48 (b) G. C. Summers
 (Date received local registrar) (Registrar's signature)

23. Signature G. C. Summers (M. D. number)
 Address Cape Girardeau Date signed 2/24/48

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

MOTHER FATHER

PHYSICIAN
 Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 348-282

Date Filed 3-1-48

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. Estus

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.